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Karasic *Misanin* Deposition

Transcript

(Public document)

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF SOUTH CAROLINA  
CHARLESTON DIVISION

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STERLING MISANIN, et al.,	)	
	)	
Plaintiffs,	)	
	)	
vs.	)	Case No.
	)	2:24-cv-4734-
ALAN WILSON, in his official	)	BHH
capacity as the Attorney	)	
General of South Carolina,	)	
et al.,	)	
	)	
Defendants.	)	
	)	

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FRIDAY, OCTOBER 25, 2024

VIDEOTAPED DEPOSITION OF DAN H. KARASIC, M.D.

CONFIDENTIAL TRANSCRIPT

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REPORTER: BALINDA DUNLAP, CSR 10710, RPR, CRR, RMR

1 APP E A R A N C E S  
 2 ---o0o---  
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23 ALSO PRESENT:

24 Frank Quirarte, Videographer

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1 SAN FRANCISCO, CALIFORNIA, OCTOBER 25, 2024  
 2 ---o0o---  
 3 BE IT REMEMBERED that on Friday, the 25th  
 4 day of October 2024, commencing at the hour of  
 5 9:03 a.m. thereof, at 39 Drumm Street, Suite 300,  
 6 San Francisco, California, before me, Balinda  
 7 Dunlap, a Certified Shorthand Reporter in and for  
 8 the County of San Francisco, State of California,  
 9 appeared:  
 10 (Reporter marked Exhibit Number 1  
 11 for identification.)  
 12 THE VIDEOGRAPHER: All right. Good  
 13 morning, ladies and gentlemen. This is the start  
 14 of media labeled Number 1 in the video-recorded  
 15 deposition of Dr. Dan Karasic. It's in the matter 09:02:58  
 16 of Sterling Misanin, et al., versus Alan Wilson,  
 17 et al. It's being held in the United States  
 18 District Court for the District of South Carolina,  
 19 Charleston Division. It's Case No. 2:24-cv-4734.  
 20 This deposition is being held today at 09:03:20  
 21 39 Drumm Street, San Francisco, California. The  
 22 time is approximately 9:03 a.m.  
 23 My name is Frank Quirarte. I am your  
 24 legal videographer today from Magna Legal Services.  
 25 Our court reporter is Balinda Dunlap, also in 09:03:39

1 association with Magna Legal Services.  
 2 At this time will counsel and all present  
 3 please identify yourself for the record.  
 4 MR. HILDABRAND: This is Clark Hildabrand  
 5 with the law firm of Cooper & Kirk representing 09:03:52  
 6 defendants.  
 7 MR. SELDIN: This is Harper Seldin with  
 8 the ACLU on behalf of plaintiffs.  
 9 MS. CAROLAN: This is Aine Carolan of  
 10 Selendy Gay, PLLC, also on behalf of the 09:04:06  
 11 plaintiffs.  
 12 THE VIDEOGRAPHER: Madam Court Reporter,  
 13 would you please swear in the witness.  
 14 DAN H. KARASIC, M.D.  
 15 called as a witness by the Defense, having  
 16 been sworn to tell the truth, the whole truth, and  
 17 nothing but the truth, was examined and testified  
 18 as follows:  
 19 EXAMINATION BY MR. HILDABRAND  
 20 Q. All right. Dr. Karasic, we've met online 09:04:23  
 21 before, but good to meet you in person. Can you  
 22 just again state your name for the record.  
 23 A. Sure. It's Dan Karasic.  
 24 Q. Are you competent to give truthful  
 25 testimony today? 09:04:39

1 question that I ask. But unless they instruct you  
 2 not to answer the question, you should answer it.  
 3 And please let me know if at any time you  
 4 want to take a break, and we'll take a short lunch  
 5 break at some point as well. All right. 09:05:40  
 6 MR. SELDIN: One -- thank you. One other  
 7 matter of housekeeping. Plaintiffs maintain at  
 8 this stage of discovery that this deposition of  
 9 seven hours is one deposition for the purposes of  
 10 the entire litigation. So any time that defendants 09:05:53  
 11 take today deposing Dr. Karasic will come out of a  
 12 total of seven hours.  
 13 I know defendants have taken a different  
 14 view. That is fine. We'll resolve that at a later  
 15 date. I just wanted to note for the record. 09:06:05  
 16 MR. HILDABRAND: And defendants take the  
 17 opposite position. But we, of course, just saying  
 18 that for the record. We'll resolve that at some  
 19 point.  
 20 Q. Dr. Karasic, have you ever given testimony 09:06:12  
 21 under oath?  
 22 A. Yes.  
 23 Q. How many times?  
 24 A. More than ten, I think.  
 25 Q. What's the most recent case? 09:06:22

1 A. Yes.  
 2 Q. Are you under the influence of any  
 3 medications or substances that might make you not  
 4 competent to give truthful testimony today?  
 5 A. No. 09:04:48  
 6 Q. I want to go over a few ground rules for  
 7 our deposition today. I know you've done this  
 8 before. But please answer all questions verbally  
 9 so the court reporter can record your verbal  
 10 response. 09:04:59  
 11 Please try not to talk too fast. Try to  
 12 speak clearly. I'll try to do the same to make  
 13 sure the court reporter can get everything down.  
 14 Please ask me for an explanation if you do  
 15 not understand my question. If you do not ask for 09:05:09  
 16 an explanation, I'll assume that you understood my  
 17 question and that you are answering the question  
 18 that I asked.  
 19 Please try not to interrupt any question I  
 20 ask. Wait until I'm finished asking, and I'll try 09:05:19  
 21 to do the same when you're answering questions.  
 22 Sometimes there's just occasions where it's not  
 23 clear where the answer to a question stops, so  
 24 we'll try to get through that.  
 25 Counsel for plaintiffs may object to a 09:05:28

1 A. The most recent case was in Voe, the North  
 2 Carolina case.  
 3 Q. And that was last month, right?  
 4 A. Yes.  
 5 Q. Have you spoken with anyone for the 09:06:38  
 6 purposes of preparing for this deposition?  
 7 A. I spoke with the lawyers present.  
 8 Q. Did you tell anyone you were going to be  
 9 deposed today?  
 10 A. My spouse. 09:06:52  
 11 Q. Did you review any documents to prepare  
 12 for this deposition?  
 13 A. Yes. I -- I reviewed my declaration and  
 14 took a quick look at a couple other articles.  
 15 Mostly reviewed the declaration. 09:07:14  
 16 Q. First I'll introduce officially Exhibit 1,  
 17 which we've marked. Do you mind taking a look at  
 18 what we've marked as Exhibit 1.  
 19 Is that the declaration that you submitted  
 20 in this case? 09:07:29  
 21 A. Yes.  
 22 Q. So you mentioned a couple of articles.  
 23 What articles were those that you looked  
 24 at to prepare for this deposition?  
 25 A. Let's see. I was trying to just think 09:07:36

1 what I -- what I looked at. So I had -- there was  
 2 one that was a new article for me that I had just  
 3 seen from Christine Olson's group, and that was  
 4 on -- that a high percentage of folks in their  
 5 study who had started on gender-affirming  
 6 medications and remained on those medicines. 09:08:26

7 Q. That's not an article cited in your  
 8 declaration, I assume?  
 9 A. No. It just -- was just published.  
 10 Q. Anything else that you -- articles that 09:08:37  
 11 you can remember that you looked at for purposes of  
 12 this deposition?  
 13 A. I'm trying to think specifically for this  
 14 declaration. I don't recall.  
 15 Q. What documents did you review in preparing 09:08:51  
 16 your declaration in this case?  
 17 A. I reviewed, first of all, prior  
 18 declarations, and then I reviewed references where  
 19 I was making sure they were the correct one, like  
 20 among the Dutch studies -- 09:09:29  
 21 (Clarification by the reporter.)  
 22 THE WITNESS: I'm sorry. The Dutch  
 23 studies. They're all Vandermaesen, Vanderloos.  
 24 They're -- they're all Vander-something, and so  
 25 checking on it wasn't -- 09:09:37

1 declaration as something that you reviewed?  
 2 A. I don't know.  
 3 Q. So can you point me to somewhere in your  
 4 declaration where you identified the complaint as  
 5 something that you reviewed to prepare the 09:11:46  
 6 declaration?  
 7 A. It may have been at the time of my  
 8 declaration that I just had reviewed the North  
 9 Carolina house bill.  
 10 Q. Sorry. Do you mean the North Carolina 09:12:04  
 11 house bill or the South Carolina house bill?  
 12 A. Sorry. The South Carolina house bill.  
 13 Sorry.  
 14 Q. Yeah. You're also a witness in the Voe v.  
 15 Mansfield, which is the North Carolina case, 09:12:13  
 16 correct?  
 17 A. Yes.  
 18 (Clarification by the reporter.)  
 19 Q. BY MR. HILDABRAND: Am I correct that you  
 20 did not review any statements by particular South 09:12:30  
 21 Carolina legislators regarding House Bill 4624?  
 22 MR. SELLDIN: Object to form.  
 23 THE WITNESS: I do not recall reviewing  
 24 any of those.  
 25 Q. BY MR. HILDABRAND: Am I correct that you 09:12:42

1 Q. BY MR. HILDABRAND: See you started -- I'm  
 2 sorry.  
 3 So were you starting from a previous  
 4 declaration, and you checked your references --  
 5 A. Yes. 09:09:48  
 6 Q. -- to make sure they were correct?  
 7 A. Yes.  
 8 Q. Did you review any legislative documents  
 9 to prepare your declaration?  
 10 A. Yes. I reviewed the South Carolina law 09:09:56  
 11 and -- and I believe the complaint.  
 12 MR. HILDABRAND: I will mark this as  
 13 Exhibit 2.  
 14 (Reporter marked Exhibit Number 2  
 15 for identification.) 09:10:30  
 16 Q. BY MR. HILDABRAND: If you want to scroll,  
 17 look through this.  
 18 And this is the South Carolina law that  
 19 you reviewed?  
 20 A. Yes. 09:10:36  
 21 Q. And what in the complaint did you review?  
 22 A. I -- I reviewed a document, a complaint  
 23 document, that was filed by the counsel for ACLU  
 24 for the -- for the plaintiffs in this case.  
 25 Q. Did -- did you list the complaint in your 09:11:30

1 did not offer an opinion regarding any animus by  
 2 the South Carolina Legislature?  
 3 MR. SELLDIN: Object to form.  
 4 THE WITNESS: I did not offer an opinion  
 5 on that, correct. 09:12:53  
 6 Q. BY MR. HILDABRAND: Are you currently  
 7 preparing a reply declaration for this case?  
 8 A. Not yet, but I assume so, the way these  
 9 things go.  
 10 Q. That's why I'm asking. 09:13:05  
 11 Have you reviewed the medical records of  
 12 any plaintiff or class member in this case?  
 13 A. No.  
 14 Q. Have you interviewed any plaintiff or  
 15 putative class member in this case? 09:13:19  
 16 A. No.  
 17 Q. Have you interviewed the parent of any  
 18 minor plaintiff or putative class member in this  
 19 case?  
 20 A. No. 09:13:27  
 21 Q. Am I correct that you do not provide an  
 22 opinion on the particular medical needs of specific  
 23 individuals in this case?  
 24 MR. SELLDIN: Object to form.  
 25 THE WITNESS: That's correct. 09:13:34

1 Q. BY MR. HILDABRAND: Did you previously  
2 work at Dimensions Clinic?  
3 A. Yes.  
4 Q. And that's located here in San Francisco;  
5 is that right? 09:13:41  
6 A. Yes.  
7 Q. And your patients at Dimensions Clinic  
8 were 12 to 25 years old; is that right?  
9 A. Yes.  
10 Q. And you now have a telehealth practice; is 09:13:49  
11 that correct?  
12 A. Yes.  
13 Q. And all of your telehealth patients are  
14 located in California; is that right?  
15 A. Yes. 09:13:58  
16 Q. None of your telehealth patients live in  
17 South Carolina; is that correct?  
18 A. That's correct.  
19 Q. And you've never practiced medicine in  
20 South Carolina, correct? 09:14:08  
21 A. That's correct.  
22 Q. You do not personally determine when your  
23 patients have begun to enter stage 2; is that  
24 correct?  
25 A. That's correct. 09:14:19

1 Q. About how much are you paid per medical  
2 review?  
3 A. \$250 for a routine review. If it's, like,  
4 an emergency review, it's 300.  
5 Q. And the last medical review you mentioned, 09:15:55  
6 did that review involve gender-affirming care?  
7 A. Yes.  
8 Q. Do most of the reviews that you conducted  
9 involve gender-affirming care?  
10 A. All of them do. 09:16:10  
11 Q. And are these medical reviews based on the  
12 documents without meeting the patients themselves;  
13 is that right?  
14 A. Yes.  
15 MR. SELDIN: Object to form. 09:16:24  
16 THE WITNESS: Yes.  
17 Q. BY MR. HILDABRAND: What is  
18 gender-affirming care?  
19 A. So gender-affirming care has more than one  
20 meaning depending on how -- the context in which it 09:16:40  
21 is applied. When we talk about gender-affirming  
22 medical or medical and surgical care, we're talking  
23 about care that helps align the body with --  
24 typically with aspects of the person's sense of  
25 self for the purpose of treating gender dysphoria. 09:17:05

1 Q. And all of your patients are at least at  
2 Tanner stage 2; is that correct?  
3 A. That's correct.  
4 Q. Have you performed over 130 medical  
5 reviews for the State of California? 09:14:31  
6 A. Yes.  
7 Q. When was the last medical review you  
8 performed for the State of California?  
9 A. In the last month.  
10 Q. About how many medical reviews have you 09:14:45  
11 performed for the State of California in the last  
12 year?  
13 A. You know, it's a good question. So the --  
14 the site where you would enter the reviews used to  
15 keep a running count. And then maybe three years 09:15:01  
16 ago they changed systems, and the count was 110  
17 then.  
18 And so it's possible I've done 160, 170.  
19 I don't know. But just to be conservative, I think  
20 I may have said 130. These days I probably do one 09:15:16  
21 a month. At one time it was -- it was much more  
22 common.  
23 Q. Are you paid for conducting these medical  
24 reviews?  
25 A. Yes. 09:15:41

1 Q. So you mentioned surgical or medical, but  
2 isn't there a broader gender-affirming care not  
3 gender-affirming surgical care?  
4 A. Yes. So that includes gender-affirming  
5 psychotherapy, which is one that allows the patient 09:17:26  
6 or client to -- to explore their understanding of  
7 gender as well as any symptoms they may have  
8 without a superimposition of the agenda of the --  
9 of the therapist.  
10 Q. Do you agree that psychotherapy is helpful 09:17:56  
11 for many gender dysphoric individuals?  
12 MR. SELDIN: Object to form.  
13 THE WITNESS: Yes.  
14 Q. BY MR. HILDABRAND: So you mentioned  
15 psychotherapy and then also other treatments, I 09:18:06  
16 assume you consider there.  
17 Could you provide a list for me of what  
18 are the other treatments that you consider under  
19 the gender-affirming care umbrella?  
20 A. So the -- so are you asking other than 09:18:20  
21 psychotherapy and medical interventions? Are you  
22 asking the types of medical interventions?  
23 Q. Yeah. So what types of medical  
24 interventions would you consider part of  
25 gender-affirming care? 09:18:41

1       A. So I would include puberty blockers and  
 2 hormones used with youth. With adults, hormones,  
 3 surgical interventions. When done with youth,  
 4 that's usually chest surgery for transmasculine  
 5 youth. For adults, that includes genital       09:19:16  
 6 surgeries.

7       And then there's -- there are also other  
 8 surgeries, like breast augmentation for trans  
 9 women, facial feminization surgery for trans women,  
 10 other surgeries that help align a person's body   09:19:40  
 11 with their sense of self.

12      Q. Breast augmentation, is that a surgery  
 13 just for trans women? Is that what you said?

14      A. Yes.

15      Q. And for adolescents, what specific       09:19:55  
 16 surgical interventions are included as part of  
 17 gender-affirming care for adolescents?

18      MR. SELDIN: Object to form.

19      THE WITNESS: So in -- at least in common  
 20 practice, the surgical intervention that is used in   09:20:13  
 21 adolescents is chest surgery for transmasculine  
 22 youth.

23      Q. BY MR. HILDABRAND: So by "chest surgery,"  
 24 what -- what do you mean by "chest surgery"?

25      A. So it's mastectomy with a reconstruction   09:20:30

1       of a male-appearing chest typically, although in  
 2 some, for example, nonbinary people it may just be  
 3 breast reduction.

4       Q. Are there any other surgical interventions  
 5 that are part of gender-affirming care for       09:20:52  
 6 adolescents?

7       MR. SELDIN: Object to form.

8       THE WITNESS: So not -- not typically.  
 9 Typically genital surgeries aren't done in -- in  
 10 adolescents. They have been done, but it certainly   09:21:05  
 11 has not been part of my practice.

12      Q. BY MR. HILDABRAND: For adults, what sort  
 13 of genital surgeries do you consider part of  
 14 gender-affirming care?

15      A. So that can include vaginoplasty,       09:21:25  
 16 orchietomy, phalloplasty, metoidioplasty, which is  
 17 another surgery for transmasculine people.

18      I'm sorry. Can you repeat the question?

19      Q. Yeah. So I just wanted to know what  
 20 specific surgeries for adults do you consider part   09:21:52  
 21 of gender-affirming care?

22      A. So -- so that can include, as I said,  
 23 facial feminization surgery, breast augmentation,  
 24 sometimes body-contouring procedures, which is kind  
 25 of remove all of fat tissue. And then, as I said,   09:22:24

1       chest surgery for transmasculine adults.

2       Q. And I think I understand this is correct,  
 3 but just to make sure.

4       So are puberty blockers not a  
 5 gender-affirming care for adults?       09:22:48

6       A. Correct.

7       Q. Under the WPATH standards of care -- and  
 8 WPATH is W-P-A-T-H -- adolescents do not have to  
 9 receive psychotherapy or mental health counseling  
 10 before beginning puberty blockers; is that correct?   09:23:05

11      MR. SELDIN: Object to form.

12      THE WITNESS: That's -- that's correct.

13      They don't need to be in psychotherapy, but they do  
 14 need to have a comprehensive mental health  
 15 evaluation.       09:23:18

16      Q. BY MR. HILDABRAND: And psychotherapy is  
 17 distinct from that comprehensive mental health  
 18 evaluation; is that correct?

19      A. That's correct.

20      Q. So in other words, ongoing work with a       09:23:30  
 21 mental health professional is not required under  
 22 the WPATH standards of care for prescription of  
 23 puberty blockers as a treatment for an adolescent's  
 24 gender dysphoria?

25      MR. SELDIN: Object to form.       09:23:45

1       THE WITNESS: So the adolescent chapter  
 2 recommends an ongoing relationship with a mental  
 3 practitioner, but it does not require ongoing  
 4 psychotherapy.

5       Q. BY MR. HILDABRAND: And since we're       09:23:58  
 6 talking about puberty blockers for cross-sex  
 7 hormones, under the WPATH standards of care,  
 8 adolescents do not have to receive --  
 9 (Clarification by the reporter.)

10      MR. HILDABRAND: I'll start again and go   09:23:58  
 11 slower this time.

12      Q. BY MR. HILDABRAND: Under the WPATH  
 13 standards of care, adolescents do not have to  
 14 receive psychotherapy before beginning cross-sex  
 15 hormones; is that correct?       09:24:17

16      MR. SELDIN: Object to form.

17      THE WITNESS: So that's correct. They  
 18 need to receive an evaluation, but they don't need  
 19 to be in psychotherapy.

20      Q. BY MR. HILDABRAND: And then just to be   09:24:30  
 21 clear, ongoing work with a mental health  
 22 professional is not required under the WPATH  
 23 standards of care for a prescription of cross-sex  
 24 hormones as treatment for an adolescent's gender  
 25 dysphoria?       09:24:46

1 MR. SELDIN: Object to form.  
 2 THE WITNESS: It's recommended but not  
 3 required.  
 4 Q. BY MR. HILDABRAND: If you will look at  
 5 your declaration, paragraph 37 here. It's on 09:24:54  
 6 page 10. I don't know if that's helpful.  
 7 Do you see where you say in paragraph 37  
 8 that the SOC8 -- and just so we're clear, the SOC8  
 9 stands for Standards of Care Version 8 published by  
 10 WPATH; is that right? 09:25:20  
 11 A. That's correct.  
 12 Q. So the SOC8 provides guidelines for  
 13 multidisciplinary care of transgender individuals.  
 14 Is that what you said in that part of your  
 15 declaration? 09:25:30  
 16 A. Yes.  
 17 Q. But you agree that in the U.S., most  
 18 transgender care is provided in private practice  
 19 settings and there's no multidisciplinary team  
 20 present? 09:25:41  
 21 MR. SELDIN: Object to form. Foundation.  
 22 MR. HILDABRAND: What's the objection to  
 23 form for the question?  
 24 MR. SELDIN: Could you read the question  
 25 back, please. 09:25:49

1 multidisciplinary team present?  
 2 MR. SELDIN: Object to form.  
 3 THE WITNESS: I would say yes,  
 4 particularly with adults. The most common way  
 5 that adults receive care is with their primary care 09:27:13  
 6 provider as they do for other forms of care.  
 7 Q. BY MR. HILDABRAND: Were you an expert  
 8 witness in a case in the state of Washington?  
 9 A. Yes.  
 10 Q. And was that case C.P. v. Blue Cross Blue 09:27:38  
 11 Shield of Illinois?  
 12 A. Yes.  
 13 MR. HILDABRAND: I will give you a copy of  
 14 this and mark this as, I think, Exhibit 3.  
 15 (Reporter marked Exhibit Number 3 09:27:51  
 16 for identification.)  
 17 Q. BY MR. HILDABRAND: Did you testify at a  
 18 deposition in C.P. v. Blue Cross Blue Shield of  
 19 Illinois?  
 20 A. Yes. 09:28:11  
 21 Q. Did that deposition occur in July of 2022?  
 22 A. I -- I believe so, yes. I'd have to look  
 23 at the date, but that sounds right.  
 24 Q. Does this appear --  
 25 A. Here it is. 09:28:24

1 (Record read as follows:  
 2 "QUESTION: But you agree that  
 3 in the U.S., most transgender care  
 4 is provided in private practice  
 5 settings and there's no 09:25:37  
 6 multidisciplinary team present?"")  
 7 MR. SELDIN: Vague as to defined terms.  
 8 But you can answer the question. I'm not  
 9 going to instruct you not to answer.  
 10 Q. BY MR. HILDABRAND: So let me repeat the 09:26:21  
 11 question again.  
 12 Do you agree in the U.S., most transgender  
 13 care is provided in private practice settings and  
 14 there's no multidisciplinary team present?  
 15 MR. SELDIN: And I will renew. Same 09:26:30  
 16 objection.  
 17 THE WITNESS: Yes. Even though  
 18 multidisciplinary care, I think, is much more  
 19 common in transgender care than in other aspects of  
 20 care, even in the United States, I believe, you 09:26:41  
 21 know, the great majority of the care in the United  
 22 States is delivered in a private practice office.  
 23 Q. BY MR. HILDABRAND: So do you agree that  
 24 in the vast majority of cases, transgender care in  
 25 the United States is delivered without a 09:26:59

1 Q. I'm sorry. Does this appear to be your --  
 2 the deposition transcript from your deposition in  
 3 that case?  
 4 A. Yes.  
 5 Q. If you can, please turn to page 87 in the 09:28:32  
 6 transcript.  
 7 So in the Washington case, is there an  
 8 individual called C.P. who was involved?  
 9 A. Yes.  
 10 Q. Was C.P. a minor? 09:28:59  
 11 A. Yes.  
 12 Q. So you're asked a question here. Do you  
 13 see on Page 87, lines 3 to 5, did you testify that  
 14 "but in the U.S., most transgender care is provided  
 15 in private practice settings and there's no 09:29:13  
 16 multidisciplinary team present"?  
 17 A. Yeah, can you give me the line? But that  
 18 sounds -- sounds right.  
 19 Q. Page 87, lines 3 through 5.  
 20 A. Oh, I'm sorry. (Sotto voce.) 09:29:26  
 21 Q. It is page 87 of the deposition  
 22 transcript. You'll have -- at the top of the page  
 23 it should have page 162 of 598 where it was filed  
 24 in the docket. But in the deposition transcript,  
 25 it should have page 87. 09:29:46

1 A. Oh, I see it. Okay. Page 87, yes.  
 2 Q. So just I'll repeat the question, just  
 3 sort of make sure we're clear.  
 4 Did you testify during your deposition in  
 5 the C.P. case that "but in the U.S., most 09:30:21  
 6 transgender care is provided in private practice  
 7 settings and there is no multidisciplinary team  
 8 present"?"  
 9 MR. SELDIN: I'll just object. This is  
 10 three lines of a much longer answer that contains 09:30:35  
 11 additional context on pages 86 and 87.  
 12 But you can answer.  
 13 THE WITNESS: Yes, I testified to that.  
 14 Q. BY MR. HILDABRAND: And counsel for  
 15 plaintiffs mentioned a larger context, and it's 09:30:47  
 16 from line 14 on page 86.  
 17 Do you see where the question begins?  
 18 A. On -- okay.  
 19 Q. It would be on the left-hand side here.  
 20 A. Yes. Yes. 09:31:09  
 21 Q. And lines 14 to 19, is that how you  
 22 remember the question that you were asked?  
 23 A. Yes.  
 24 Q. And then lines 20 on page 86 through  
 25 line 8 on page 87, is that an accurate reflection 09:31:22

1 of how you testified during this deposition?  
 2 A. Yes. I mean, maybe if someone's referring  
 3 to a larger context, there's the next sentence that  
 4 says, "There can be referrals to people from other  
 5 disciplines. In other words, American healthcare 09:31:41  
 6 usually isn't structured in terms of a team working  
 7 in one setting but, rather, people in private  
 8 practice who might refer out as necessary."  
 9 Q. And if you want to turn in your  
 10 declaration -- I put the documents together, and 09:32:01  
 11 we'll refer to them later on, but you can set them  
 12 aside for now.  
 13 A. Okay.  
 14 Q. If you want to turn in your declaration  
 15 back to paragraph 29. This should be on page 7. 09:32:15  
 16 Do you see where you say here that "at  
 17 birth, infants are assigned a sex, either male or  
 18 female, based on the appearance of their external  
 19 genitalia"?"  
 20 A. Yes. 09:32:34  
 21 Q. And am I correct that you did not provide  
 22 any citation for this claim?  
 23 A. No.  
 24 Q. You did not -- to be clear, you did not  
 25 provide any citation for this claim? 09:32:44

1 A. No.  
 2 Q. So just to be clear, the answer is "yes,"  
 3 you did not provide any citation for this claim; is  
 4 that correct?  
 5 MR. SELDIN: Object to form. 09:32:57  
 6 But you can answer if you understand.  
 7 Q. BY MR. HILDABRAND: Maybe you just want to  
 8 explain.  
 9 A. Yes. That statement does not have a  
 10 citation. 09:33:06  
 11 Q. Thank you.  
 12 And you do personally not make sex  
 13 assignments for infants?  
 14 MR. SELDIN: Object to form.  
 15 THE WITNESS: That's correct. 09:33:13  
 16 Q. BY MR. HILDABRAND: And then going to the  
 17 next paragraph here, paragraph 30, am I correct  
 18 that you cite Hembree 2017 as your only authority  
 19 other than the challenged at for this paragraph  
 20 about the definition of sex? 09:33:24  
 21 A. Yes. I only cited Hembree.  
 22 Q. And is Hembree 2017 the 2017 Endocrine  
 23 Society guidelines?  
 24 A. Yes.  
 25 MR. HILDABRAND: I will introduce this in 09:33:35

1 a second here. I will introduce these as  
 2 Exhibit 4.  
 3 (Reporter marked Exhibit Number 4  
 4 for identification.)  
 5 Q. BY MR. HILDABRAND: Doctor, do you 09:34:08  
 6 recognize these as the Endocrine Society guidelines  
 7 from 2017?  
 8 A. Yes.  
 9 Q. All right. Can you turn to page -- it's  
 10 3875 in this document. 09:34:21  
 11 Do you see Table 1, "Definitions of Terms  
 12 Used in this Guideline"?"  
 13 A. Yeah, I see Table 1.  
 14 Q. Do you see down here where Table 1 defines  
 15 the word "sex"?" 09:34:47  
 16 A. Yes.  
 17 Q. And the definition of sex as provided by  
 18 the 2017 Endocrine Society guidelines is "Sex:  
 19 This refers to tributes that characterize  
 20 biological maleness or femaleness" -- 09:35:06  
 21 (Clarification by the reporter.)  
 22 Q. BY MR. HILDABRAND: "Sex: This refers to  
 23 attributes that characterize biological maleness or  
 24 femaleness. The best-known attributes include  
 25 sex-determining genes, the sex chromosomes, the H-Y 09:35:19

1 antigen, the gonads, sex hormones, internal and  
 2 external genitalia, and secondary sex  
 3 characteristics."

4 Is that the definition that Hembree 2017  
 5 provided for the word "sex"? 09:35:43

6 A. Yes. But that same table does have a  
 7 definition for "biological sex," which includes  
 8 that statement that the terms "biological sex" and  
 9 "biological male or female" are imprecise and  
 10 should be avoided. 09:36:02

11 Q. And it does not include that statement in  
 12 the definition of "sex"; is that correct?

13 MR. SELDIN: Object to the form.

14 THE WITNESS: It has a separate -- the  
 15 same table has a separate listing for the 09:36:11  
 16 definition of "biological sex."

17 Q. BY MR. HILDABRAND: And the Endocrine  
 18 Society guidelines do not include gender identity  
 19 as an attribute for sex, correct?

20 MR. SELDIN: Objection to form. Misstates 09:36:26  
 21 the document.

22 Q. BY MR. HILDABRAND: All right. So he's  
 23 saying I'm misstating the document. So if you look  
 24 at the definition of "sex," do you see gender  
 25 identity included as an attribute for sex in the 09:36:32

1 is connected to genital appearance. There are some  
 2 people who either have ambiguous genitalia or  
 3 who -- at least cursory examination of the  
 4 genitalia identifies them as a sex other than their  
 5 chromosomes, for example, people with X-Y 09:38:22  
 6 chromosomes with complete androgen insensitivity.  
 7 (Clarification by the reporter.)

8 Q. BY MR. HILDABRAND: Did you testify at  
 9 deposition in a case in Arkansas?

10 A. Yes. 09:38:41

11 Q. And was that case Brandt, B-r-a-n-d-t, v.  
 12 Rutledge, R-u-t-l-e-d-g-e?

13 A. Yes.

14 MR. HILDABRAND: All right. I'm going to  
 15 enter this as Exhibit 5. 09:38:56

16 (Reporter marked Exhibit Number 5  
 17 for identification.)

18 MR. SELDIN: Do you have a copy of it,  
 19 Counsel?

20 MR. HILDABRAND: I'm not sure if I have  
 21 one here.

22 Do you mind if counsel uses the one that's  
 23 marked right now?

24 (Discussion off the record.)

25 Q. BY MR. HILDABRAND: Is this a copy of your 09:39:35

1 definition in Hembree 2017?

2 A. No.

3 Q. And Hembree 2017 also does not include  
 4 variations in brain structure and function as an  
 5 attribute for sex, correct? 09:36:48

6 A. Correct.

7 Q. And you agree that sex is a physical  
 8 characteristic, right?

9 MR. SELDIN: Object to form.

10 THE WITNESS: Sex -- so as -- as one 09:37:06  
 11 refers to sex assigned at birth, sex is a physical  
 12 characteristic. There's also, you know, the sexual  
 13 act, et cetera.

14 Q. BY MR. HILDABRAND: Yeah. So not  
 15 including sexual intercourse. 09:37:26

16 A. Yes.

17 Q. When I am referring to the word "sex," sex  
 18 is a physical characteristic, correct?

19 A. Sex usually refers to physical  
 20 characteristics, yes. 09:37:36

21 Q. And do you agree that sex, not sexual  
 22 intercourse, is based on an evaluation of external  
 23 genital appearance in chromosomal sex?

24 MR. SELDIN: Object to form.

25 THE WITNESS: So the sex assigned at birth 09:37:50

1 deposition transcript in that case?

2 A. Yes.

3 Q. And you testified under oath in May 2022  
 4 in Brandt v. Rutledge; is that correct?

5 A. Yes. 09:39:49

6 Q. Can you turn to -- it's page 66. Were  
 7 you -- starting at line 21, were you asked the  
 8 question, "Okay. Is a person's sex a physical  
 9 characteristic of the person?"

10 A. Yes. 09:40:24

11 Q. And was your answer starting at line 23,  
 12 "So sex -- someone's sex -- generally, that -- when  
 13 one is using that word, typically one is referring  
 14 to some specific things like sex assigned at birth,  
 15 which is physical because it's based on an 09:40:43  
 16 evaluation of external genital appearance;  
 17 chromosomal sex, which, you know, can be determined  
 18 by examining their chromosomes"?

19 A. So in that response there's a semicolon  
 20 because I had a pause. So sex assigned at birth is 09:41:01  
 21 based on evaluation of external genitalia --

22 genital appearance. Chromosomal sex is based on  
 23 examining their chromosomes. But those two aren't  
 24 always -- they're usually the same, but they're not  
 25 always the same. 09:41:18

1 Q. Is the text of this document an accurate  
 2 reflection of how you responded during this  
 3 deposition?  
 4 A. Yes. Because the -- the text has a sem --  
 5 semicolon, so a pause. In other words, sex 09:41:31  
 6 assigned at birth is -- is based on evaluation of  
 7 external genital appearance. Chromosomal sex is  
 8 determined by examining chromosomes. In other  
 9 words, there's often a qualifier with sex of -- of  
 10 the -- how you're determining the sex you're 09:41:53  
 11 describing.  
 12 Q. So you look at external genital  
 13 appearance, but you might also consider the  
 14 chromosomes; is that correct?  
 15 A. No. So sex assigned at birth, no one is 09:42:06  
 16 looking at the chromosomes typically. If they  
 17 assign it at birth, it's in the, you know, delivery  
 18 room, and so that's based on appearance. But -- so  
 19 somebody might talk about people's sex assigned at  
 20 birth. 09:42:28  
 21 But in another context, there might be a  
 22 discussion of chromosomal sex. And chromosomal  
 23 sex, though it usually aligns with genital  
 24 appearance, it doesn't always.  
 25 So what I was trying to say here is that 09:42:41

1 Q. And --  
 2 A. But -- but it's similar to -- it looks  
 3 like, to the one used in the Endocrine Society  
 4 paper.  
 5 Q. But I'm correct that you did not cite the 09:44:26  
 6 Endocrine Society in paragraph 31; is that right?  
 7 A. Correct. I cited the American  
 8 Psychological Association.  
 9 Q. Did you alter the American Psychological  
 10 Association's definition of gender identity? 09:44:39  
 11 A. I -- it was a quote. It looks like I put  
 12 a bracket for "or another" genders. So but the  
 13 rest of it is -- is a quote from American  
 14 Psychological Association 2015, page 862 --  
 15 (Clarification by the reporter.) 09:45:05  
 16 THE WITNESS: Page 862. That's at least  
 17 what I referenced.  
 18 Q. BY MR. HILDABRAND: Do you remember what  
 19 the source originally said before you bracketed  
 20 part of it? 09:45:20  
 21 A. No.  
 22 MR. HILDABRAND: We'll take a look at it.  
 23 We'll mark this as Exhibit 6.  
 24 (Reporter marked Exhibit Number 6  
 25 for identification.) 09:45:53

1 when you're talking about sex, that you designate  
 2 sex assigned at birth versus, for example,  
 3 chromosomal sex.  
 4 Q. So sex is not always the same as sex  
 5 assigned at birth; is that right? 09:42:58  
 6 A. Yes.  
 7 Q. And the Endocrine Society guidelines also  
 8 defined gender identity; is that right?  
 9 A. Let me get back to that table. Yes.  
 10 Q. And so then let's go back to -- switch 09:43:20  
 11 documents to your declaration, so back to  
 12 paragraph 31. It's on page -- the bottom of  
 13 page 7, going to the top of page 8.  
 14 Am I correct that here you did not include  
 15 the Endocrine Society's definition of gender 09:43:43  
 16 identity?  
 17 A. Wait.  
 18 Q. Your declaration marked as Exhibit 1,  
 19 paragraph 31, which is on page 7 going on to the  
 20 top of page 8. 09:43:57  
 21 A. Sorry.  
 22 Q. Sorry.  
 23 A. Yes. So that reference was from the  
 24 American Psychological Association, that -- that  
 25 quote. 09:44:12

1 Q. BY MR. HILDABRAND: So, Dr. Karasic, is  
 2 this what you cited as the American Psychological  
 3 Association 2015?  
 4 A. Yes, I believe so.  
 5 Q. Do you mind turning to page 862. And 09:46:09  
 6 before you do that, can you go to page 860 just so  
 7 we can get this context here?  
 8 A. Oh, page 860.  
 9 Q. Sorry. Do you see on page 860 where it  
 10 says "Appendix A, Definitions"? 09:46:38  
 11 A. Yes.  
 12 Q. So this is the definition section of this  
 13 document?  
 14 A. Yes.  
 15 Q. Okay. Then let's go over to page 862. 09:46:48  
 16 Do you see where the document provides a  
 17 definition of gender identity at the top here?  
 18 A. Yes.  
 19 Q. And did the American Psychological  
 20 Association 2015 define gender identity as a 09:47:07  
 21 "Person's deeply felt inherent sense of being a  
 22 boy, a man, or male, a girl, a woman, or female, or  
 23 an alternative gender (e.g., gender queer, gender  
 24 nonconforming, gender neutral) that may or may not  
 25 correspond to a person's sex assigned at birth or 09:47:32

1 to a person's primary or secondary sex  
 2 characteristics. Because gender identity is  
 3 internal, a person's gender identity is not  
 4 necessarily visible to others. Affirmed gender  
 5 identity refers to a person's gender identity after 09:47:49  
 6 coming out as TGNC or undergoing a social and/or  
 7 medical transition process"?

8 A. Yes.

9 Q. Do you agree that gender queer is a gender  
 10 identity? 09:48:09

11 A. So gender queer was a gender identity that  
 12 was commonly used in the 2000s and early 2010s  
 13 before nonbinary found common usage. And so people  
 14 were -- I think there was kind of an eventual  
 15 adoption of nonbinary as an umbrella term for the 09:48:43  
 16 different ways that people who identified as  
 17 neither male nor female label themselves. And so  
 18 gender queer was a common one in a -- in an earlier  
 19 era but not common now.

20 Q. But do you agree that gender queer is a 09:49:04  
 21 gender identity?

22 A. So yeah. Gender queer is a gender  
 23 identity that people ascribe to themselves.

24 Q. And so did some people used to describe  
 25 themselves gender queer or gender identity but now 09:49:18

1 they describe themselves as gender nonbinary; is  
 2 that correct?

3 A. That's correct.

4 Q. Do you agree that gender nonconforming -- 09:49:30  
 5 sorry. Do you agree that gender nonconforming is a  
 6 gender identity?

7 A. So gender nonconforming was a descriptor  
 8 that sometimes people used for nonbinary, but it  
 9 was also sometimes used to describe people who --  
 10 whose gender expression, for example, was -- was 09:50:02  
 11 nonbinary, or even gender expression was different  
 12 from cisgender youth.

13 So it was more commonly used at one point  
 14 in -- in describing what are now -- now very often  
 15 called gender diverse people, particularly youth. 09:50:28

16 Q. Just to make sure I'm understanding,  
 17 gender nonconforming is a gender identity, though,  
 18 right?

19 MR. SELDIN: Object to form.

20 THE WITNESS: So gender nonconforming 09:50:41  
 21 is -- can be a gender identity, but it's not as  
 22 common -- common usage. It's either people  
 23 describing themselves as their gender is nonbinary  
 24 or -- it also, though, gender nonconforming was  
 25 used as a descriptor for people, especially young 09:51:13

1 people whose behavior was different from their  
 2 cisgender peers.

3 Q. BY MR. HILDABRAND: So -- and -- just to  
 4 get to the other part you were testifying about  
 5 earlier, so some people used to describe themselves 09:51:27  
 6 as gender nonconforming but later identify  
 7 themselves as gender diverse or gender nonbinary?

8 A. So yes. But I think the more common usage  
 9 was particularly in prepubertal children where  
 10 gender nonconforming was not their self-descriptors 09:52:00  
 11 so much as rather descriptors of parents or  
 12 clinicians and -- that may -- may use the words  
 13 "gender diverse" now, but still sometimes use  
 14 "gender nonconforming," so less often an identity  
 15 that someone put forward, but some people -- some 09:52:22  
 16 people did.

17 Q. And so you mentioned it is often used by  
 18 doctors or parents.

19 So would parents or doctors use the term  
 20 "gender nonconforming" to refer to a prepubertal  
 21 child if that child wasn't acting how you'd expect  
 22 a stereotypical boy or stereotypical girl to act?

23 A. Yes.

24 Q. And do you agree that gender neutral is a  
 25 gender identity? 09:52:49

1 A. So again, it -- it has been used by some  
 2 people as a gender identity. Again, more often now  
 3 people would just -- would use the term  
 4 "nonbinary."

5 Q. But you'd agree that gender neutral is a 09:53:14  
 6 gender identity, right?

7 A. So gender neutral can be a descriptor of  
 8 someone's gender identity.

9 Q. Do you agree that people that identify as  
 10 gender queer may redefine gender or decline to 09:53:32  
 11 define themselves as gender altogether?

12 A. That sounds like a quote from somewhere.

13 Q. Oh, sorry. It's a quote from -- right.

14 Sorry. I am not trying to -- it's a quote from  
 15 right here, I think, what we just read. 09:53:56

16 MR. SELDIN: As you can see, I barely need  
 17 to be here.

18 Q. BY MR. HILDABRAND: But I'm not trying to  
 19 trap you with this. But I'm just asking, do you  
 20 agree with that statement, that people who identify 09:54:03  
 21 as gender queer may redefine gender or decline to  
 22 define themselves --

23 (Clarification by the reporter.)

24 Q. BY MR. HILDABRAND: Yeah. So do you agree  
 25 that people who identify as gender queer may 09:54:12

1 redefine gender or decline to define themselves as 2 gender altogether? 3 A. So again, gender queer is not so much in 4 common usage now, but it did -- and I'm not quite 5 sure what redefining gender means. But it could 6 include people who decline to identify themselves 7 as male or female. And in -- in that sense, many 8 of those people would describe themselves as 9 nonbinary now. 10 Q. And to people who identify as gender queer 11 may think of themselves as both man and woman, 12 bigender, pangender, androgynous -- that's 13 a-n-d-r-o-g-y-n-e -- neither man nor woman, 14 genderless, gender neutral, neutrois, 15 n-e-u-t-r-o-i-s, agender, moving between genders, 16 gender fluid, or embodying a third gender? 17 A. So that's a list of ways in asking, for 18 example, in psychotherapy, with someone who 19 identifies as nonbinary how they might describe 20 their gender. Those are descriptors that people 21 might -- might give. 22 As I say, again, it's -- you know, 23 "nonbinary" has -- has kind of largely taken the 24 place of "gender queer." But there are some people 25 who still use that or other -- come up with other	Page 42 09:54:41 09:55:04 09:55:22 09:55:48 09:56:12	1 terms that, let's say, in psychotherapy to try to 2 describe their understanding of their gender. 3 Q. So their understanding of their gender or 4 their understanding of their gender identity? 5 A. Their -- their understanding of their 6 gender identity. 09:56:33 7 Q. Do some non -- do some nonbinary people 8 not consider themselves to be transgender? 9 MR. SELDIN: Object to form. 10 THE WITNESS: So people -- people can put 11 the labels on themselves that they choose to put on 12 themselves. But typically we do look at nonbinary 13 people within that transgender umbrella, 14 recognizing that there can be differences between 15 the range of identities of nonbinary people from 16 people who have a binary cross-gender identity. 09:56:49 17 Q. BY MR. HILDABRAND: When you say we do not 18 put, do you mean doctors, psychiatrists, 19 psychologists? 20 A. Yeah. So that we -- when you said "we do 21 not put," we -- we generally put them in -- the 22 nonbinary people in the category with binary 23 transgender people but recognize that there are 24 differences both in terms of their identity and in 25 terms of -- and often in terms of their -- their 09:57:21 09:57:38 09:58:05
Page 44 1 needs. 2 Q. So you would say -- when you say "we" in 3 your answer, do you mean healthcare providers? 4 A. Healthcare providers. 5 MR. SELDIN: And, Mr. Hildabrand, I think 6 we've been going the better part of an hour. I'm 7 not sure where you are in this line. 8 MR. HILDABRAND: I'm pretty close to the 9 ending of this section here, so maybe five more 10 minutes and we can take a break. 09:58:32 11 MR. SELDIN: Is that okay? 12 THE WITNESS: Yeah. That's fine. 13 Q. BY MR. HILDABRAND: But some binary people 14 themselves do not consider themselves to be 15 transgender; is that right? 09:58:38 16 MR. SELDIN: Object to form. 17 THE WITNESS: I -- I can't account for -- 18 for everybody's identity, but people do identify 19 and individualize in individualized ways. 20 Our focus as clinicians is on people's -- 09:59:00 21 the presence or absence of gender dysphoria. But 22 certainly, when we're working with somebody in 23 psychotherapy, it is important for us to have an 24 understanding of how they identify. 25 MR. HILDABRAND: I'm going to hand you	09:58:18 09:58:32 09:58:38 09:59:00 09:59:20	Page 45 1 what I will mark as, I think, Exhibit 7. 2 (Reporter marked Exhibit Number 7 3 for identification.) 4 Q. BY MR. HILDABRAND: Are these the WPATH 5 Standards of Care Version 8? 09:59:37 6 A. Yes. 7 Q. And you were one of the coauthors of these 8 standards of care; is that right? 9 A. Yes. 10 Q. Are you the chair of the mental health 11 chapter? 09:59:51 12 A. Yes. 13 Q. Let's go to -- it's page S252 in here. I 14 think this is toward the end. But you probably 15 know this better than I do. 10:00:16 16 MR. SELDIN: I don't know, Mr. Hildabrand. 17 There have been a lot of these cases. 18 Q. BY MR. HILDABRAND: Do you see at the top 19 of S252 "Appendix B: Glossary"? 20 A. Yes. 10:00:34 21 Q. So this is a glossary of different terms 22 used in WPATH's Standards of Care Version 8? 23 A. Yes. 24 Q. Do you see -- it's on the right-hand 25 column here -- the term -- the term "nonbinary"? 10:00:47

1 A. Yes.  
 2 Q. Do you see within that definition that  
 3 "some nonbinary people consider themselves to be  
 4 transgender or trans; some do not because they  
 5 consider transgender to be part of the gender 10:01:07  
 6 binary"?  
 7 A. Yes.  
 8 Q. And do you agree with that statement?  
 9 A. Well, yes. As I said, people have  
 10 different descriptors of themselves. And so 10:01:22  
 11 whether or not somebody considers being nonbinary  
 12 part of a larger being transgender or whether  
 13 they -- in this case it says some people consider  
 14 being transgender to be part of a gender binary.  
 15 Our conception generally is, as healthcare 10:01:54  
 16 providers, that a kind of broader description of  
 17 transgender to include nonbinary people, but there  
 18 may be people who disagree with that.  
 19 Q. Okay. So healthcare providers'  
 20 understanding of an individual's gender identity is 10:02:16  
 21 not always the same as how that individual  
 22 expresses their gender identity?  
 23 MR. SELDIN: Object to form. Misstates  
 24 testimony.  
 25 THE WITNESS: Yeah. So as clinicians, 10:02:26

1 declaration real fast.  
 2 A. Uh-huh.  
 3 Q. Can you go to paragraph 31.  
 4 Do you see here on page -- top of page 8,  
 5 where you say "Gender identity, which has 10:12:30  
 6 biological bases, is not a product of external  
 7 influence and not subject to voluntary change"?  
 8 A. Yes.  
 9 Q. Am I correct that you do not provide any  
 10 authority for the statement that gender identity 10:12:44  
 11 has biological bases?  
 12 A. I don't -- I did not put a reference, no.  
 13 Q. Thank you.  
 14 Did you have any discussions with counsel  
 15 during the break that we just had? 10:12:56  
 16 A. No.  
 17 Q. Let's go to paragraph 33.  
 18 Do you see where you say that "gender  
 19 dysphoria" -- paragraph 33 is on page 8. Sorry.  
 20 All right. Do you see where you say that 10:13:13  
 21 "Gender dysphoria is distress related to the  
 22 incongruence between one's gender identity and  
 23 attributes related to one's sex assigned at birth"?  
 24 A. Yes.  
 25 Q. Is that correct statement? 10:13:27

1 there are some things that are -- are pretty  
 2 rigidly the same. You know, do people meet  
 3 diagnostic criteria for gender dysphoria, for  
 4 example, or do people have clinical symptoms.  
 5 But identity, and particularly when you 10:02:44  
 6 get to nonbinary people's identity, it can be  
 7 individualistic.  
 8 Q. BY MR. HILDABRAND: Okay. Is eunuch also  
 9 a gender identity?  
 10 A. So there are people who identify as 10:03:08  
 11 eunuchs as their gender identity.  
 12 Q. And you've diagnosed individuals who  
 13 identify as eunuch with gender dysphoria; is that  
 14 correct?  
 15 A. I have, a few. 10:03:19  
 16 MR. HILDABRAND: All right. Let's go -- I  
 17 think we -- if we want to take a break, we can stop  
 18 there.  
 19 Let's go off the record.  
 20 THE VIDEOGRAPHER: We are off the record. 10:03:31  
 21 The time is 10:03 a.m.  
 22 (A recess was taken.)  
 23 THE VIDEOGRAPHER: We're back on the  
 24 record. The time is 10:11 a.m.  
 25 Q. BY MR. HILDABRAND: Let's go back to your 10:12:15

1 A. Yes.  
 2 Q. And the DSM-V has diagnoses for gender  
 3 dysphoria in children --  
 4 A. Yes.  
 5 Q. -- and gender dysphoria in adolescents and 10:13:36  
 6 adults; is that correct?  
 7 A. Yes.  
 8 Q. And those are distinct diagnoses?  
 9 A. Yes.  
 10 Q. And it looks like you copied the criteria 10:13:43  
 11 for those two diagnoses here in paragraphs 34 and  
 12 35 in your declaration?  
 13 A. Yes.  
 14 Q. In minors with a diagnosis of gender  
 15 dysphoria in children are not eligible for puberty 10:13:56  
 16 blockers, cross-sex hormones, or surgery as a  
 17 treatment for that gender dysphoria; is that right?  
 18 A. Right. Prepubertal children who are the  
 19 people who receive the gender dysphoria in children  
 20 diagnosis did not receive medical intervention. 10:14:16  
 21 Q. So only individuals with a gender  
 22 dysphoria in adolescents and adults diagnosis are  
 23 eligible for --  
 24 (Clarification by the reporter.)  
 25 Q. BY MR. HILDABRAND: Yeah. So only 10:14:35

1 individuals with a gender dysphoria in adolescents  
 2 and adults diagnosis are eligible for pubertal  
 3 suppression, cross-sex hormones, or surgery as a  
 4 treatment for gender dysphoria; is that correct?  
 5 A. I'm sorry. Can you repeat the question? 10:14:47  
 6 Q. So an individual cannot receive pubertal  
 7 suppression, cross-sex hormones, or surgery as a  
 8 treatment for gender dysphoria if they do not have  
 9 a gender dysphoria in adolescents and adults  
 10 diagnosis; is that right? 10:15:01  
 11 A. That's correct.  
 12 Q. And so here in paragraph 35, you have the  
 13 criteria for gender dysphoria in adolescents and  
 14 adults; is that right?  
 15 A. Yes. 10:15:14  
 16 Q. And so you have -- there's an "A"  
 17 requirement here at the top; is that right?  
 18 A. Yes.  
 19 Q. And to satisfy this "A" requirement, the  
 20 patient must have two of the following criteria  
 21 from 1 through 6 -- 10:15:22  
 22 A. Yes.  
 23 Q. -- is that right?  
 24 Sorry. Is the answer "yes"?  
 25 A. Yes. Sorry. 10:15:30

1 regardless of how it's listed, individuals with  
 2 unspecified gender dysphoria also don't meet the  
 3 full criteria for gender dysphoria; is that right?  
 4 A. Right.  
 5 MR. SELDIN: Object to form. 10:16:56  
 6 THE WITNESS: The DSM, they changed their  
 7 labels with DSM-V, but they've always had a  
 8 category for people who don't fully meet the  
 9 criteria for -- for diagnosis.  
 10 Q. BY MR. HILDABRAND: And so when we're  
 11 talking about the DSM-V, can you explain what the  
 12 DSM-V is?  
 13 A. Sure. So the diagnostic and statistical  
 14 manual for mental disorders has -- is periodically  
 15 updated by the American Psychiatric Association. 10:17:30  
 16 The current version is DSM-V-TR. The TR referred  
 17 to text revision. But the criteria are -- are  
 18 generally the same as in DSM-V. It's just they  
 19 update the descriptive text.  
 20 Q. Gotcha. So gender dysphoria did not exist 10:17:59  
 21 as a diagnosis until 2013 with the publication in  
 22 the DSM-V, right?  
 23 A. That's correct. It replaced gender  
 24 identity disorder, which was a diagnosis in -- in  
 25 the previous DSM-IV. 10:18:15

1 Q. And to satisfy the "B" requirement, the  
 2 patient must have clinically significant distress  
 3 or impairment in social, occupational, or other  
 4 important areas of functioning, correct?  
 5 A. Yes. 10:15:44  
 6 Q. Does the DSM-V also have an other  
 7 specified gender dysphoria diagnosis?  
 8 A. Yes.  
 9 Q. And individuals with other specified  
 10 gender dysphoria do not meet the full criteria for 10:15:55  
 11 gender dysphoria?  
 12 A. Correct.  
 13 Q. And does the DSM-V also have an  
 14 unspecified gender dysphoria diagnosis?  
 15 A. The -- I -- I believe that's covered in 10:16:17  
 16 the other -- you just mentioned the other specified  
 17 diagnosis. I'm not sure about a difference between  
 18 other specified and unspecified.  
 19 Q. So your understanding is that unspecified  
 20 gender dysphoria is part of other specified gender 10:16:36  
 21 dysphoria in the DSM-V?  
 22 MR. SELDIN: Object to form.  
 23 THE WITNESS: I don't recall if they list  
 24 it that way.  
 25 Q. BY MR. HILDABRAND: And so individuals -- 10:16:47

1 Q. For example, a child might have been  
 2 diagnosed with gender identity disorder in children  
 3 in the DSM-IV; is that right?  
 4 A. That's correct.  
 5 Q. And a child with gender identity disorder 10:18:29  
 6 in children was not necessarily transgender; is  
 7 that right?  
 8 (Clarification by the reporter.)  
 9 MR. HILDABRAND: Transgender.  
 10 THE WITNESS: Right. That there were 10:18:39  
 11 people who had gender identity disorder of  
 12 childhood who had strong cross-gender behaviors but  
 13 didn't have a transgender identity.  
 14 Q. BY MR. HILDABRAND: So we don't know if  
 15 you've included in research about gender identity 10:19:02  
 16 disorder before 2013 met the diagnostic criteria  
 17 for gender dysphoria; is that right?  
 18 MR. SELDIN: Object to form.  
 19 THE WITNESS: I'm sorry. I didn't hear  
 20 the question. 10:19:15  
 21 Q. BY MR. HILDABRAND: Yeah. So we don't  
 22 know if you included in research about gender  
 23 identity disorder before 2013 met the diagnostic  
 24 criteria for gender dysphoria?  
 25 MR. SELDIN: Same objection. 10:19:28

1 THE WITNESS: I'm -- I'm still not quite  
2 sure what you're asking.  
3 Q. BY MR. HILDABRAND: Yeah. So there was  
4 research done on children with gender identity  
5 disorder -- 10:19:36  
6 A. Right.  
7 Q. -- before the year 2013, correct?  
8 A. Yes.  
9 Q. And we cannot know if all the youth in  
10 those studies met the criteria for gender 10:19:44  
11 dysphoria; is that right?  
12 A. That -- that's correct. There were in  
13 those studies people who actually were not given a  
14 diagnosis at all who were included in this study  
15 just because they were brought into the clinic for 10:20:00  
16 cross-gender behavior.  
17 And then there were those who met gender  
18 identity disorder in -- in children diagnosed --  
19 diagnosis. But because the A-1 criteria relating  
20 to a transgender identity was not part of the 10:20:22  
21 diagnosis -- not a required part -- it was one  
22 criterion, but they could meet that -- the  
23 diagnosis only on behavior until DSM-IV -- I mean  
24 DSM-V.  
25 Q. Gotcha. And having a gender dysphoria in 10:20:44

1 transcript from that April 2022 deposition?  
2 A. Yes.  
3 Q. And you were under oath for that  
4 deposition; is that correct?  
5 A. Yes. 10:22:40  
6 Q. Can you turn to page 26. If you look at  
7 26, lines 8 through 10.  
8 A. Yes.  
9 Q. Do you see where you -- do you testify  
10 that -- that having gender dysphoria in children is 10:23:03  
11 not necessarily the same thing as being a  
12 transgender person?  
13 A. Yes.  
14 MR. SELDIN: I'll just note for the record  
15 that's a small excerpt of a larger question -- of a 10:23:11  
16 larger answer to a question that goes on to  
17 page 25.  
18 Q. BY MR. HILDABRAND: Does the transcript  
19 here accurately reflect the question and the full  
20 answer that you provided? 10:23:22  
21 MR. SELDIN: And, Dr. Karasic, the  
22 question is on page 25.  
23 THE WITNESS: Yes. But I think that  
24 that -- that what I said then, gender dysphoria in  
25 children is not necessarily the same thing as being 10:23:54

1 children diagnosis does not necessarily mean that a  
2 minor is transgender; is that right?  
3 MR. SELDIN: Objection to form.  
4 THE WITNESS: So in -- in the diagnosis  
5 now, there is this A-1 criteria. But we -- we give 10:21:05  
6 a clinical diagnosis, which can be different from  
7 self-identity. So -- so there are people who label  
8 prepubertal children as transgender children, and  
9 there are those who prefer to use a broader term,  
10 like gender diverse, to -- to include people who -- 10:21:39  
11 who may or may not have a transgender identity.  
12 Q. BY MR. HILDABRAND: Gotcha. Did you  
13 testify in a case in West Virginia?  
14 A. Yes.  
15 Q. And to clarify, did you testify at 10:22:03  
16 deposition in that West Virginia case?  
17 A. Yes.  
18 MR. HILDABRAND: I believe this is  
19 Exhibit 8 that we're on.  
20 (Reporter marked Exhibit Number 8 10:22:19  
21 for identification.)  
22 Q. BY MR. HILDABRAND: And this -- this  
23 redacts material that says "confidential" here, but  
24 I'm not going to ask you, of course, about that.  
25 But does this reflect your deposition 10:22:29

1 a transgender person, you know, holds with or  
2 without the context. Because gender dysphoria is a  
3 diagnosis we make, and being a transgender person  
4 is not going to be an --  
5 (Clarification by the reporter.) 10:24:20  
6 THE WITNESS: An identity that someone  
7 has. And so -- yeah, so I think that answer is  
8 correct.  
9 Q. BY MR. HILDABRAND: Okay. Let's go to  
10 paragraph 50. We can move away from that document, 10:24:31  
11 set it aside.  
12 Let's go to paragraph 56 in your  
13 declaration.  
14 Do you see in the first sentence here on  
15 paragraph 56 where you say, "Many bills like the 10:25:00  
16 one passed in South Carolina claim that for most  
17 youth, gender dysphoria will resolve on its own,  
18 making medical interventions unnecessary"?

19 A. Yes.  
20 Q. Here you're not talking about anything 10:25:13  
21 specific in South Carolina's law, correct?  
22 A. No.  
23 Q. And you didn't review any other bills or  
24 laws in preparing your declaration; is that  
25 correct? 10:25:24

1 A. That's correct.

2 Q. Other than gender dysphoria in adolescents  
3 and -- sorry. Other than gender dysphoria in  
4 adolescents and adults, no other psychiatric  
5 diagnosis is treated with surgery; is that correct? 10:25:33

6 MR. SELDIN: Object to form.

7 THE WITNESS: There are very, very rare  
8 cases. There have been people with very severe OCD  
9 who've had singular -- cingulate -- cingulate gyrus  
10 surgery, a little part of the brain, when all else 10:26:09  
11 has -- has failed.

12 There are people who get insertions of  
13 electrodes essentially for treatment-resistant  
14 depression. But surgery is not the typical  
15 intervention for diagnoses in the -- in the DSM. 10:26:34

16 Q. BY MR. HILDABRAND: So can you name any  
17 other -- can you name any diagnosis in the DSM  
18 other than gender dysphoria in adolescents and  
19 adults for which surgery is a recommended  
20 treatment? 10:26:53

21 MR. SELDIN: Object to form.

22 THE WITNESS: So I said, in rare cases,  
23 major depressive disorder severe recurrent that's  
24 treatment resistant and, in rare cases, severe  
25 obsessive compulsive disorder. But I don't think 10:27:06

1 that those are talked about in the DSM, per se.  
2 But in the broader literature it's very rare for --  
3 for surgery to be involved in DSM diagnoses.

4 Q. BY MR. HILDABRAND: You already brought up  
5 the Brandt deposition, so if you want to bring -- 10:27:32  
6 get that back out here. I think it was marked as  
7 Exhibit 5. (Sotto voce.)

8 Can you -- do you see on line 20 -- well,  
9 I'll wait until you get there.

10 MR. SELDIN: What page are you on? 10:28:08  
11 MR. HILDABRAND: Page 79.

12 Q. So during the Brandt deposition you were  
13 asked, "Are there any other psychiatric diagnoses  
14 that you're aware of that were treated with  
15 surgery?" 10:28:32

16 And your answer was "no"?

17 A. Yes. That's correct.

18 Q. I think we've also used the Fain  
19 deposition transcript, if you want to pull it out.

20 It should be Exhibit 8. Go to page 137. It should 10:28:53  
21 be toward the end.

22 All right. So on page 137, if you look at  
23 lines 2 through 6.

24 So during the deposition in Fain, were you  
25 asked, "Are you aware of any other DSM-V diagnosis 10:29:31

1 that is treated surgically?"

2 A. Yes.

3 Q. And was your answer to that question, "I  
4 cannot think of another DSM-V diagnosis that is  
5 treated surgically"? 10:29:45

6 A. Yes.

7 Q. And so do you agree that there are not  
8 other DSM-V diagnoses that are treated surgically?

9 MR. SELDIN: Object to form.

10 THE WITNESS: Well, I couldn't think of 10:30:03  
11 one on those depositions.

10:30:49

10:32:56

1 [REDACTED]

2 [REDACTED]

3 [REDACTED]

4 [REDACTED]

5 [REDACTED]

6 [REDACTED]

7 [REDACTED]

8 [REDACTED]

9 [REDACTED]

10 [REDACTED]

11 [REDACTED]

12 [REDACTED]

13 [REDACTED]

14 [REDACTED]

15 [REDACTED]

16 [REDACTED]

17 [REDACTED]

18 [REDACTED]

19 [REDACTED]

20 [REDACTED]

21 [REDACTED]

22 [REDACTED]

23 [REDACTED]

24 [REDACTED]

25 [REDACTED]

10:33:37

Q. And gender incongruence is a diagnosis under ICD-11; is that right?

MR. SELDIN: I'm just going to -- I apologize for interrupting. If you're not asking any more questions about this particular patient, I think this can end the portion of the deposition that we're going to designate confidential.

MR. HILDABRAND: Yeah. After the -- of course you can send a note by email what -- in a letter what you want designated by confidential.

10:34:03

1 But I'm going to move away from those questions.

2 So thank you for that statement.

3 Q. So is gender incongruence a diagnosis under ICD-11?

4 A. Yes.

10:34:21

5 Q. The United States doesn't use ICD-11; is that right?

6 A. That's correct.

7 Q. Does the United States use ICD-10-CM instead?

10:34:28

8 A. Yes.

9 Q. In contrast to gender dysphoria, gender incongruence does not require clinically-significant distress, right?

10 A. That's correct.

10:34:37

11 Q. And WPATH SOC8's criteria for hormonal and surgical treatments for adults and adolescents uses gender incongruence --

12 (Clarification by the reporter.)

13 Q. BY MR. HILDABRAND: Yeah. WPATH Standards 10:34:40

14 of Care Version 8's criteria for hormonal and surgical treatments for adults and adolescents uses gender incongruence as the relevant diagnosis

15 instead of gender dysphoria; is that right?

16 A. Yes. Though when they do talk about 10:35:07

Page 64

Page 65

1 initiating treatment, they talk about the presence 2 of dysphoria as well.

3 Q. Let's go back to the WPATH standards of 4 care. I think it was marked as Exhibit 7. We're 5 going to go in this to S256, which, I think, is the 10:35:34

6 third-to-last page.

7 Is this the Appendix D: Summary criteria 8 for hormonal and surgical treatments for adults and 9 adolescents?

10 A. Yes. This is for, yes, adults and 10:36:03

adolescents.

11 Q. Right. So let's go -- let's start here 12 down on the bottom left. It's the summary criteria 13 for adults?

14 A. Yes. 10:36:15

15 Q. It has criteria for hormones.

16 Do you see that?

17 A. Yes.

18 Q. And so for A, the A criteria is "Gender 19 incongruence is marked as sustained," right?

20 A. Yes. Yes.

21 Q. And B, the criteria is "Meets diagnostic 22 criteria for gender incongruence prior to 23 gender-affirming hormone treatment in a region 24 where a diagnosis is necessary to access 25

10:36:37

1 healthcare"; is that right?

2 A. Yeah. So that -- when they're referring 3 to regions where a diagnosis is necessary to access 4 healthcare, that includes the gender dysphoria 5 diagnosis in the -- in the United States. 10:36:54

6 So most of the rest of the world is using 7 gender incongruence. But the diagnosis that's 8 necessary to access care for the United States is 9 gender dysphoria.

10 Q. It doesn't mention expressly gender 11 dysphoria, though, correct? 10:37:13

12 A. Well, in other parts of the DSM it does 13 talk about the presence of dysphoria. And I 14 believe the medical necessity part talks about the 15 presence of having -- of dysphoria. 10:37:29

16 So they were trying to make it 17 international by using gender incongruence. But 18 they -- they do say where a diagnosis is necessary, 19 and we don't have gender incongruence as a 20 diagnosis in the U.S. 10:37:54

21 And so the understanding is that that 22 diagnosis is gender dysphoria in the U.S. 23

24 Q. You say it's the understanding. But for 25 B, to be clear, it does not mention gender 25 dysphoria, correct? 10:38:07

1 A. There, but else -- elsewhere in associated  
2 it does talk about gender dysphoria.  
3 Q. So in Appendix D, "Criteria for Hormones,"  
4 B, it does not mention gender dysphoria, correct?  
5 MR. SELDIN: Object to form. This is 10:38:26  
6 summary criteria.  
7 You can answer.  
8 THE WITNESS: Yes. It is the summary  
9 criteria, and it does -- it just mentions gender  
10 incongruence under the "Criteria for Hormones" 10:38:37  
11 here.  
12 Q. BY MR. HILDABRAND: And did your counsel  
13 just tell you that it's summary criteria?  
14 A. Well, he said it, but I noticed that. I  
15 knew that that was the case as well, so... 10:38:49  
16 MR. SELDIN: And I'll note for the record  
17 that this was introduced as Appendix D, summary  
18 criteria for hormonal and --  
19 MR. HILDABRAND: Yes. But counsel for  
20 plaintiffs is not testifying in this case. So I'd 10:39:02  
21 ask you to please limit your objections to not  
22 substantively testify for the witness.  
23 Q. Can you point me to where in WPATH SOC8 it  
24 includes gender dysphoria as a requirement for this  
25 B? 10:39:16

1 treated with hormones and they no longer have  
2 gender dysphoria because they no longer have  
3 distress that's sufficient to impair social  
4 occupational functioning or to be clinically  
5 significant, so they're no longer meeting the DSM 10:41:39  
6 criteria, but they still need hormones to maintain  
7 that state.  
8 And so the -- within the rest of the  
9 world, a clinician is not necessarily making a  
10 mental health diagnosis, but, rather, they are 10:42:01  
11 maintaining that person on their hormones even if  
12 they don't have clinically-significant distress.  
13 But let's see...  
14 Q. BY MR. HILDABRAND: And so you pointed me  
15 to page 57. Page 57 does not say that in the 10:42:17  
16 United States gender dysphoria is a requirement  
17 before prescription of hormones, right?  
18 A. Let's see. So -- so as I said, there  
19 are -- there are -- they did make the decision  
20 in -- it says here, 8, to use the international 10:42:52  
21 criteria. But that doesn't mean that Standards of  
22 Care 8 are not -- there's -- there's not  
23 application to -- to people in the United States  
24 who are receiving a different diagnosis.  
25 So they do talk about -- again, in -- 10:43:26

1 A. So they mention the presence of dysphoria.  
2 But the -- when they talk about criteria, there was  
3 a decision to use gender incongruence because  
4 ICD-11 is the diagnostic criteria in the rest of  
5 the world. Gender dysphoria, which is DSM-V and 10:39:40  
6 codes to IC-10-CM in the United States, is our --  
7 our diagnosis.  
8 So I know at least in the -- in the  
9 discussion of this, the understanding was that the  
10 diagnosis codes to -- is gender incongruence 10:40:02  
11 outside of the U.S., but the diagnosis that's  
12 required in the U.S. is -- is the diagnosis that we  
13 use of gender dysphoria.  
14 Q. But this page and no other page in WPATH  
15 SOC8 refers to that understanding, correct? 10:40:21  
16 MR. SELDIN: Object to form.  
17 THE WITNESS: They do refer to -- they do,  
18 like -- let's see. Page 57 says, "While gender  
19 dysphoria is still considered a mental health  
20 diagnosis in the DSM-V-TR, the American Psychiatric 10:40:46  
21 Association, gender incongruence is no longer seen  
22 as a pathological or a mental disorder in the world  
23 health community."  
24 And so where this can have some importance  
25 is if someone has gender dysphoria and they're 10:41:17

1 let's see -- S15 talks about in the United States  
2 they use gender dysphoria, focusing on distress.  
3 And let's see. Where is --  
4 Q. I hate to interrupt you. Before we get to  
5 another page, to be clear, page 15 does not say 10:43:53  
6 that gender dysphoria is required before  
7 prescription of hormones in the United States,  
8 correct?  
9 MR. SELDIN: Dr. Karasic, were you done  
10 with your prior answer? 10:44:04  
11 THE WITNESS: That's correct.  
12 But it does say, for example, then on that  
13 same section on S17, "However, gender incongruence  
14 that causes clinically significant distress and  
15 impairment often requires medically necessary 10:44:18  
16 clinical interventions."  
17 And so "In many countries, medically  
18 necessary gender-affirming care is documented by  
19 the treating health professional as treatment for  
20 gender incongruence and/or as treatment for gender 10:44:37  
21 dysphoria."  
22 And so they do refer to -- there's the  
23 broader referring of gender incongruence as the  
24 international diagnosis. But it's also clear  
25 within the United States' context that that 10:44:54

1 diagnosis is gender dysphoria.  
 2 Q. BY MR. HILDABRAND: Page 17 of WPATH's  
 3 Standards of Care Version 8 does not say that  
 4 gender dysphoria is required before prescription of  
 5 hormones, correct? 10:45:08

6 MR. SELDIN: Object to form.

7 Q. BY MR. HILDABRAND: In the United States?

8 A. Standards of Care 8 is referring to  
 9 internationally. But it does say that gender  
 10 incongruence that causes clinically-significant 10:45:22  
 11 distress and impairment often requires  
 12 medically-necessary clinical intervention.

13 So they are -- within Standards of Care 8,  
 14 they are accommodating the diagnostic criteria  
 15 within the United States, but they're also using 10:45:40  
 16 this broader criteria that's used internationally.

17 Q. So to be clear, page 17 of the WPATH  
 18 Standards of Care Version 8 does not say that a  
 19 gender dysphoria diagnosis is required before  
 20 prescription of cross-sex hormones in the United 10:45:57  
 21 States?

22 MR. SELDIN: Object to form. Asked and  
 23 answered.

24 THE WITNESS: So it does not specifically  
 25 say that. 10:46:09

1 Q. BY MR. HILDABRAND: Okay. Let's go back  
 2 to the summary criteria. And, of course, in your  
 3 answers, feel free to pull up something that's more  
 4 specific. But in -- on page 256, "Criteria for  
 5 Surgery," the A criteria for surgery for adults is 10:46:24  
 6 "gender incongruence is marked and sustained,"  
 7 right?

8 A. Yes.

9 Q. The 8 criteria here does not reference  
 10 gender dysphoria, right? 10:46:47

11 A. Yes.

12 Q. And for B, under "Criteria for Surgery,"  
 13 it says, "Meets diagnostic criteria for gender  
 14 incongruence prior to gender-affirming surgical  
 15 intervention in regions where a diagnosis" -- 10:46:57  
 16 "diagnosis is necessary to access healthcare,"  
 17 right?

18 A. Yes.

19 Q. And Criteria B here does not expressly  
 20 mention gender dysphoria, correct? 10:47:05

21 A. It mentions gender incongruence. It uses  
 22 the international diagnostic criteria.

23 Q. And then going down to "Summary Criteria  
 24 for Adolescents," do you see where it has  
 25 "puberty-blocking agents"? 10:47:21

1 A. Yes.  
 2 Q. So under the criteria for puberty-blocking  
 3 agents, WPATH's A criteria is that "gender  
 4 diversity/incongruence is marked and sustained over  
 5 time," right? 10:47:41

6 A. Yes.

7 Q. And then the B criteria for WPATH for  
 8 prescription of puberty-blocking agents is "meets  
 9 the diagnostic criteria of gender incongruence in  
 10 situations where a diagnosis is necessary to access 10:47:49  
 11 healthcare," right?

12 A. Yes.

13 Q. And what's gender diversity?

14 A. So here they're referring to -- so in --  
 15 in someone receiving puberty blockers, they may be 10:48:05  
 16 just a Tanner stage 2, and so they may have been  
 17 observed to -- to be gender different in some way  
 18 in childhood without having a diagnosis of gender  
 19 incongruence of adolescence and adulthood until  
 20 they reach, you know, Tanner stage 2, and that's 10:48:34  
 21 adolescence.

22 Q. Let's move on to page 860 -- this is  
 23 page 527 here.

24 A. Okay.

25 Q. Do you see where it has the criteria for 10:48:48

1 adolescents' prescription of hormonal treatments?

2 A. Yes.

3 Q. So WPATH's A criteria for hormonal  
 4 treatments for adolescents is "gender  
 5 diversity/incongruence is marked and sustained over 10:49:02  
 6 time"?

7 A. Yes.

8 Q. And the B criteria is "meets the  
 9 diagnostic criteria of gender incongruence in  
 10 situations where a diagnosis is necessary to access 10:49:14  
 11 healthcare"?

12 A. Yes.

13 Q. And then do you see where WPATH lists its  
 14 criteria for surgery for adolescents?

15 A. Yes. 10:49:22

16 Q. And so the A criteria for surgery for  
 17 adolescents is "gender diversity/incongruence is  
 18 marked and sustained over time," right?

19 A. Yes.

20 Q. And the B criteria is "meets the 10:49:32  
 21 diagnostic criteria of gender incongruence in  
 22 situations where a diagnosis is necessary to access  
 23 healthcare"?

24 A. Yes. And again, they're -- they are

25 including the United States where the diagnosis is 10:49:49

1 gender dysphoria.  
 2 Q. And again here, B does not mention gender  
 3 dysphoria, correct?  
 4 A. Correct.  
 5 Q. And the authors at WPATH were aware that 10:49:59  
 6 gender incongruence is not -- you're an author of  
 7 the WPATH standards of care?  
 8 A. Yes.  
 9 Q. And you're aware that gender incongruence  
 10 is not a diagnosis used under the ICD-10, correct? 10:50:11  
 11 MR. SELDIN: Object to form.  
 12 THE WITNESS: I'm sorry. What was that?  
 13 Q. BY MR. HILDABRAND: You're aware that  
 14 gender incongruence is not a diagnosis under  
 15 ICD-10? 10:50:23  
 16 MR. SELDIN: Same objection.  
 17 THE WITNESS: That's -- that's correct,  
 18 because it was an international committee. They --  
 19 they chose to use the IC-11 criteria as opposed to  
 20 IC-10. But the understanding -- and I don't think 10:50:36  
 21 I can pick this out, this -- you know, from --  
 22 fully from here from this time.  
 23 But certainly mentioned about having  
 24 dysphoria in -- when they talk about medical  
 25 necessity of care of an intervention, the -- that 10:50:58

1 (Clarification by the reporter.)  
 2 Q. BY MR. HILDABRAND: The document also does  
 3 not say that gender dysphoria is necessary before  
 4 provision of gender-affirming surgery in the United  
 5 States, correct? 10:52:31  
 6 MR. SELDIN: Object to form.  
 7 THE WITNESS: It does mention dysphoria  
 8 when they talk about the medical necessity of an  
 9 intervention.  
 10 Q. BY MR. HILDABRAND: Can you identify for 10:52:42  
 11 me where in WPATH Standards of Care Version 8 it  
 12 says that gender dysphoria is a necessary diagnosis  
 13 for the provision of gender-affirming surgery in  
 14 the United States?  
 15 MR. SELDIN: Object to form. 10:52:57  
 16 THE WITNESS: When -- when standards of  
 17 care makes statements like that, they use "gender  
 18 incongruence," not "gender dysphoria." As I said,  
 19 that was an editorial decision, because the United  
 20 States is one country and the rest of the world 10:53:09  
 21 are -- you know, many other countries that have  
 22 members of WPATH, and we use Standards of Care 8 as  
 23 well.  
 24 Q. BY MR. HILDABRAND: So was it an editorial  
 25 decision not to say that gender dysphoria is a 10:53:21

1 in the United States that diagnosis is gender  
 2 dysphoria because that's the diagnosis that we use.  
 3 Q. BY MR. HILDABRAND: And you can't point me  
 4 to any part of the WPATH's Standards of Care  
 5 Version 8 that says that gender dysphoria is a 10:51:12  
 6 requirement before the provision of  
 7 gender-affirming surgery in the United States,  
 8 correct?  
 9 MR. SELDIN: Object to form.  
 10 THE WITNESS: So they -- they refer -- 10:51:23  
 11 they -- it's an international document, and so they  
 12 are trying to use international terminology.  
 13 Q. BY MR. HILDABRAND: The document refers to  
 14 the United States in several points, correct?  
 15 A. Yes. But, for example, you know, it -- 10:51:38  
 16 it's certainly possible at some time in the very  
 17 distant future that the United States could adopt  
 18 IC-11, you know, probably -- well, we take about 20  
 19 years after the rest of the world. That will  
 20 probably be standards of care 9 or 10. 10:51:59  
 21 But there was an editorial decision that  
 22 they made rather to -- rather than use "gender  
 23 dysphoria" and "gender incongruence," to just say  
 24 "gender incongruence" through the document.  
 25 Q. And the document also does not say -- 10:52:18

1 necessary diagnosis before provision of  
 2 gender-affirming surgery in the United States?  
 3 MR. SELDIN: Object to form. Asked and  
 4 answered. Misstates testimony.  
 5 THE WITNESS: So they did -- when -- at -- 10:53:33  
 6 at certain times in Standards of Care 8 they do  
 7 refer to dysphoria, including when they're talking  
 8 about the medical necessity of an intervention.  
 9 They talk about the presence of dysphoria as part  
 10 of that. 10:53:49  
 11 But when they're making the criteria, they  
 12 use gender incongruence.  
 13 Q. BY MR. HILDABRAND: Just yes or no. You  
 14 cannot point me to any part of WPATH's Standards of  
 15 Care Version 8 that requires a diagnosis of gender 10:54:02  
 16 dysphoria before provision of a gender-affirming  
 17 surgery in the United States?  
 18 MR. SELDIN: Object to form. Asked and  
 19 answered. Misstates testimony.  
 20 THE WITNESS: As I said, they opted in 10:54:14  
 21 their list of criteria to use "gender incongruence"  
 22 rather than saying "gender incongruence" and  
 23 "gender dysphoria" in the U.S. But -- and in -- I  
 24 think in previous iterations, they said, "Meets  
 25 diagnostic criteria according to local context," 10:54:32

1 which made it clearer that -- that it's different  
 2 in the United States than the rest of the world.  
 3 Q. BY MR. HILDABRAND: And I hate to do this,  
 4 but I really need a yes-or-no answer here.  
 5 Can you identify a page in WPATH's 10:54:46  
 6 Standards of Care Version 8 that requires a  
 7 diagnosis of gender dysphoria before provision of  
 8 gender-affirming surgery in the United States?  
 9 MR. SELDIN: Object to form. Asked and  
 10 answered. Misstates testimony. 10:54:59  
 11 THE WITNESS: Yeah. They don't list  
 12 criteria specifically for the United States.  
 13 Q. BY MR. HILDABRAND: Thank you.  
 14 Do you agree that some people's gender  
 15 identity changes or evolves over the course of 10:55:24  
 16 development or course of a lifetime?  
 17 A. So in general, people's gender identity is  
 18 quite stable over a lifetime. But I'm not denying  
 19 the existence of detransitioners of people who --  
 20 who do have -- who do report a change in their 10:55:48  
 21 identity, sometimes even as they still report  
 22 having gender dysphoria. But they -- they don't  
 23 describe themselves the same way as they did before  
 24 transition.  
 25 Q. So you agree that for some people, their 10:56:07

1 for identification.)  
 2 Q. BY MR. HILDABRAND: You mentioned Brandt  
 3 v. Rutledge earlier.  
 4 Did you also testify at trial in Brandt v.  
 5 Rutledge? 10:58:00  
 6 A. Yes.  
 7 Q. Is this a transcript of the day you  
 8 testified in that case?  
 9 A. Yes.  
 10 Q. And you testified under oath at trial in 10:58:05  
 11 Brandt v. Rutledge; is that right?  
 12 A. Yes.  
 13 Q. Let's go to page 31. Sir, were you asked,  
 14 "is it possible that someone's gender identity can  
 15 change or their understanding of their gender 10:58:32  
 16 identity can change over time?"  
 17 And then you answer --  
 18 A. I'm sorry. Where -- where are you  
 19 looking?  
 20 Q. Yeah. So let's -- let's see. So I think 10:58:42  
 21 actually it starts on the previous page, on  
 22 page 30 --  
 23 A. Okay.  
 24 Q. -- line 25, "Q," it says, "You testified  
 25 that people can't voluntarily change their gender 10:58:50

1 gender identity can change over time?  
 2 MR. SELDIN: Object to form.  
 3 THE WITNESS: I think it's very uncommon.  
 4 And what's striking, as I've worked with people for  
 5 over 30 years, how people's -- how persistent 10:56:20  
 6 people's gender identity is.  
 7 There are people who over time, especially  
 8 nonbinary people, who will have a different  
 9 descriptor. It may have been gender queer in their  
 10 previous era, and now they may -- they may say 10:56:44  
 11 nonbinary. And so there -- there are people who  
 12 report.  
 13 And we make clinical diagnoses of gender  
 14 dysphoria. But people come to us or report in, you  
 15 know, the media or in their blogs or wherever, you 10:57:12  
 16 know, what their gender identity is, and there are  
 17 people that report that has changed.  
 18 I -- in terms of my patients, I certainly  
 19 have some gender-fluid patients who sometimes  
 20 identify as more masculine and sometimes identify 10:57:31  
 21 as more feminine within kind of a nonbinary  
 22 umbrella.  
 23 MR. HILDABRAND: I'm going to enter this  
 24 as -- I think we're on Exhibit 9 now.  
 25 (Reporter marked Exhibit Number 9 10:57:42

1 identity, but is it possible that someone's gender  
 2 identity can change or their understanding of their  
 3 gender identity can change over time?"  
 4 Were you asked that question on direct  
 5 examination? 10:59:04  
 6 A. Yes.  
 7 Q. And was your answer down starting at  
 8 line 7, that "for most people, gender identity is  
 9 quite stable, but some people evolve in their  
 10 gender identity over the course of development or 10:59:14  
 11 course of a lifetime"?  
 12 A. Yes.  
 13 Q. And do you agree with that statement  
 14 today?  
 15 A. Yes. 10:59:29  
 16 Q. All right. Let's go back to your  
 17 declaration. Let me go to paragraph 31. Sorry. A  
 18 lot of documents. This is going to be the part of  
 19 paragraph 31 that's on page 8.  
 20 Do you see where you say, "Gender 11:00:15  
 21 identity, which has" a -- "which has biological  
 22 bases, is not a product of external influence and  
 23 not subject to voluntary change"?  
 24 A. Yes.  
 25 Q. So you're not aware of gender identity 11:00:25

1 changing based on an external influence; is that  
 2 right?  
 3 A. So I -- I think what's been put out there  
 4 in terms of in -- in the media of people becoming  
 5 trans because they've been exposed to another trans 11:00:45  
 6 person, for example, that has not been my  
 7 experience with my patients.  
 8 So I think that people's kind of  
 9 understanding might affect the labels that they  
 10 give to themselves. But -- but gender identity is 11:01:17  
 11 this very stable core that is not catching or, you  
 12 know, easily changeable, you know, as -- it's clear  
 13 from the many decades of people receiving  
 14 psychotherapy to try to change their gender  
 15 identity, people are very motivated to change their 11:01:44  
 16 gender identity, but were unable to do so.  
 17 Q. So you're not aware, for example, a child  
 18 first expressing a nonbinary or transgender  
 19 identity after meeting a nonbinary or transgender  
 20 person? 11:02:01  
 21 MR. SELDIN: Object to form.  
 22 THE WITNESS: So when you talk about  
 23 children, they -- in those circumstances,  
 24 typically, they have already been having  
 25 experiences that -- you know, where they might be 11:02:17

1 MR. SELDIN: Object to form.  
 2 THE WITNESS: That's -- would be my  
 3 recollection, is that their -- yeah. I would have  
 4 to have it in front of me to say definitively,  
 5 but -- but that is my recollection. 11:04:17  
 6 MR. HILDABRAND: Let's do that, then.  
 7 We'll mark it real fast, and I'll give it to you  
 8 here.  
 9 (Reporter marked Exhibit Number 10  
 10 for identification.) 11:04:46  
 11 Q. BY MR. HILDABRAND: All right. So is  
 12 this, what's been marked as Exhibit 10, Brik --  
 13 A. Yes.  
 14 Q. -- 2020?  
 15 A. Yes. 11:04:52  
 16 Q. Let's turn to page 2615. Do you see on  
 17 the bottom right of this page here where it says,  
 18 "For one adolescent, the experience of falling in  
 19 love made him doubt whether he was transgender.  
 20 This is in line with previous findings of the first 11:05:19  
 21 romantic experiences and the awareness of one's  
 22 sexual attraction playing an important role in the  
 23 resolution of dysphoria in adolescents"?  
 24 A. Yes. But can you tell me -- I just want  
 25 to find where you -- where that is. 11:05:36

1 labeled as gender diverse. There is -- they're  
 2 not -- they don't, you know -- they're not born  
 3 and, you know, at the same time sex is assigned at  
 4 birth, they say, "But my gender is"....  
 5 You know, there's a process of development 11:02:38  
 6 through childhood where they might figure things  
 7 out. And so sometimes that could be that they need  
 8 someone who -- who identifies in a certain way and  
 9 then, you know, might try on that -- that label.  
 10 Q. BY MR. HILDABRAND: Let's go down to 11:03:06  
 11 paragraph 57. It's on page 16. And you cite  
 12 several articles here in paragraph 57, and one of  
 13 them is Brik, et al., 2020; is that right?  
 14 A. Yes.  
 15 Q. And just for transcribing, Brik is 11:03:33  
 16 B-r-i-k.  
 17 A. Yes.  
 18 Q. And you've read that article several times  
 19 before, right?  
 20 A. Yes. 11:03:45  
 21 Q. And Brik 2020 report that one adolescent  
 22 identified at birth as male stopped  
 23 gender-affirming medication after falling in love  
 24 with a girl and desisted from his transgender  
 25 identity, right? 11:03:58

1 Q. Yeah. It's here, page 26 --  
 2 A. Oh, here at the last paragraph. Okay. I  
 3 see. Sorry.  
 4 Q. So you agree that's what the article says  
 5 here? 11:05:44  
 6 A. Yes. That's from, yeah, a -- an article  
 7 by Steensma in 2011 from a kind of qualitative, I  
 8 think, perspective on the youth that we're seeing  
 9 in the -- in the Dutch program.  
 10 Q. So you mean -- just to be clear, when you 11:06:09  
 11 say "that," you are referring to the statement that  
 12 "the first romantic experiences and the awareness  
 13 of one's sexual attraction play an important role  
 14 in the resolution of gender dysphoria in  
 15 adolescents"? 11:06:25  
 16 A. Yes. I'm saying that that, I believe, is  
 17 an assertion by Steensma in 2011 that they're  
 18 referring to in that as -- that this one  
 19 adolescent, that that was a -- you know, an  
 20 example. And so, you know, this does say -- it 11:06:52  
 21 says 1.9 percent of the 333 adolescents did stop  
 22 taking medication.  
 23 Q. We'll get back to that in a second.  
 24 So do you agree with the statement that  
 25 the first romantic experiences and the awareness of 11:07:11

1 one's sexual attraction play an important role in a  
 2 resolution of gender dysphoria in adolescents?  
 3 MR. SELDIN: Object to form.  
 4 THE WITNESS: No. I think that's --  
 5 that's an assertion that's been made. I don't 11:07:26  
 6 really know if -- you know, how common that is.  
 7 Q. BY MR. HILDABRAND: Do you agree that that  
 8 happens for some individuals, that the first  
 9 romantic experiences and the awareness of their  
 10 sexual attraction played an important role in the 11:07:51  
 11 resolution of gender dysphoria?  
 12 MR. SELDIN: Object to form.  
 13 THE WITNESS: That hasn't been my  
 14 experience with my patients, that -- that it's very  
 15 rare for there to be a resolution of gender 11:08:08  
 16 dysphoria in adolescents. And I haven't seen that  
 17 particularly in patients of mine.  
 18 I was aware of a colleague's patient years  
 19 ago who detransitioned as a result of a romantic  
 20 relationship and -- and was someone who was 11:08:35  
 21 assigned male at birth, who transitioned and was  
 22 living as female, got into a relationship with a  
 23 heterosexual woman, detransitioned as a result.  
 24 But that person continued to have gender dysphoria.  
 25 So, you know, even under -- I mean, that's 11:09:00

1 a different circumstance that that happened to that  
 2 person as an adult. But the gender dysphoria, you  
 3 know, persisted in that case even with a romantic  
 4 relationship. So I -- I know that that has been  
 5 asserted, but I don't know if that is -- is the 11:09:22  
 6 case in any, you know, broader way.  
 7 Q. BY MR. HILDABRAND: Just to make sure I'm  
 8 understanding. So that person still had gender  
 9 dysphoria in adult -- in adults even after  
 10 detransitioning? 11:09:37  
 11 A. Right. So that person detransitioned  
 12 and -- so lived as male but would in private dress  
 13 as female to try to address their gender dysphoria.  
 14 So they -- they still had the gender dysphoria.  
 15 They just identified as male for the sake of their 11:10:03  
 16 relationship and when they were with their spouse.  
 17 Q. And you also mentioned a 1.9 percent rate.  
 18 Did Brik 2020 also exclude the nine  
 19 children or adolescents who had stopped attending  
 20 appointments? 11:10:24  
 21 A. Yes, I assume so. But if you look at  
 22 Cavve, which I cite in my declaration from Perth,  
 23 from Western Australia, they were able to track  
 24 down almost everyone, because Western Australia,  
 25 during a big part of that time it was the -- there 11:10:53

1 was COVID. So you couldn't actually even leave  
 2 western -- or enter Western Australia.  
 3 Anyway, it's very remote, among the most  
 4 remote cities in the world, and so they were able  
 5 to track down almost everyone. And they found only 11:11:11  
 6 two out of approximately 200 of the people who had  
 7 started puberty blockers or hormones in their  
 8 clinic who had left the clinic, had stopped  
 9 treatment because of reidentification with their  
 10 birth sex. So that was 1 percent. So again, it 11:11:34  
 11 can happen, but it's quite uncommon.  
 12 Q. We'll get to Cavve in a second. But for  
 13 Brik 2020, it also excluded children and  
 14 adolescents who did not want hormonal treatments;  
 15 is that right? 11:11:55  
 16 MR. SELDIN: Object to form.  
 17 THE WITNESS: Yeah. It says 3.5 percent  
 18 no longer wished gender-affirming treatment.  
 19 Q. BY MR. HILDABRAND: And so for Cavve as  
 20 well -- well, we can get to that in a little bit. 11:12:08  
 21 Let's go to paragraph 55 of your  
 22 declaration first.  
 23 MR. SELDIN: Counsel, I think we're coming  
 24 up on another hour.  
 25 MR. HILDABRAND: Then that's all the more 11:12:23

1 reason to take a break.  
 2 So let's go off the record then.  
 3 THE VIDEOGRAPHER: We're off the record.  
 4 The time is 11:11 a.m.  
 5 (The noon recess was taken.)  
 6 ---o0o---

1 SAN FRANCISCO, CALIFORNIA, OCTOBER 25, 2024  
 2 AFTERNOON SESSION  
 3 ---oo---

4 THE VIDEOGRAPHER: Okay. We're on the  
 5 record. The time is 11:47 a.m. 11:48:10

6 Q. BY MR. HILDABRAND: All right. Doctor,  
 7 other than lunch, did you discuss anything with  
 8 counsel during the break?

9 A. No.

10 [REDACTED]  
 11 [REDACTED]  
 12 [REDACTED]  
 13 [REDACTED]  
 14 [REDACTED]  
 15 [REDACTED]  
 16 [REDACTED]  
 17 Q. Okay. Have any of your adolescent  
 18 patients been treated with surgery for a DSM-V  
 19 diagnosis other than gender dysphoria?

20 A. No. 11:48:44

21 Q. Now let's go to your declaration to  
 22 paragraph 55.

23 A. I'm sorry.

24 Q. Sorry. Page 14, paragraph 55.

25 A. Yes. 11:49:06

1 Q. Do you see this line that "over 50 years  
 2 of gender-affirming surgery in Sweden, the regret  
 3 rate as measured by legal gender change reversal  
 4 was 2 percent," citing Dhejne, et al., 2014?

5 A. Yes. Dhejne. 11:49:22

6 Q. Dhejne. Okay. And for the reporter,  
 7 that's D-h-e-j-n-e.

8 Was it Dhejne; is that right?

9 A. Dhejne, like from Denmark.

10 Q. Thank you. The Swedish data in Dhejne 11:49:34  
 11 2014 would not have captured patients who simply  
 12 lived with regret without reapplying to legally  
 13 reverse their gender--

14 A. Correct.

15 Q. -- affirming surgery? 11:49:56

16 MR. SELDIN: Object to form.

17 THE WITNESS: That's correct.

18 Q. BY MR. HILDABRAND: And the 2 percent  
 19 Swedish regret rate also would not include people  
 20 who died or committed suicide before applying for a 11:50:01  
 21 legal gender change; is that correct?

22 MR. SELDIN: Object to form.

23 THE WITNESS: That's correct.

24 Q. BY MR. HILDABRAND: At the time you wrote  
 25 your declaration in this case, you knew about those 11:50:10

1 ways in which the 2 percent was an understatement  
 2 of the Swedish regret rate, right?

3 MR. SELDIN: Object to form.

4 THE WITNESS: Well, one can also look at  
 5 it over time. It is over 50 years. And the last 11:50:22  
 6 decade they reported, they only had 0.3 percent  
 7 regret. Most of the regret was earlier in that  
 8 period. So there's a lot of ways to look at that  
 9 data.

10 But I think saying a 2 percent regret rate 11:50:40  
 11 is -- you know, is a reasonable way of looking at  
 12 it, particularly then when you're including it with  
 13 Bustos's systematic review and meta-analysis, you  
 14 know, finding 1 percent across a whole bunch of  
 15 different studies. 11:51:14

16 Q. BY MR. HILDABRAND: A couple follow-up  
 17 questions. So am I correct, your declaration only  
 18 mentions Sweden when discussing this 2 percent  
 19 regret rate?

20 A. Yes. 11:51:21

21 Q. And do some individuals express regret  
 22 many years after applying for a legal gender  
 23 change?

24 MR. SELDIN: Object to form.

25 THE WITNESS: You -- oh, you mean after 11:51:32

1 applying the first time for legal gender change?  
 2 There are people who are -- are you saying in  
 3 Sweden or generally?

4 Q. BY MR. HILDABRAND: In Sweden. Might some  
 5 individuals express regret about their legal gender 11:51:55  
 6 change many years after that occurs?

7 MR. SELDIN: Object to form.

8 THE WITNESS: Yes. And so this would  
 9 capture if they -- you know, however many years up  
 10 to 50 after their -- after their surgery. 11:52:13

11 So it captures the data in a different way  
 12 because it is looking at a whole population, and  
 13 over 50 years, there's, you know, just many  
 14 different ways of trying to, you know, get some  
 15 idea of what that percentage might be. 11:52:32

16 Q. BY MR. HILDABRAND: Are you aware that  
 17 Sweden has adopted guidelines for gender-affirming  
 18 care that are very different from the WPATH  
 19 guidelines?

20 MR. SELDIN: Object to form. 11:52:43

21 THE WITNESS: So the government of Sweden  
 22 has -- has made some recommendations. And I'm  
 23 happy to -- if you're presenting something or is  
 24 that --

25 Q. BY MR. HILDABRAND: Oh, no. Finish your 11:53:02

1 answer. Sorry.  
 2 A. Yeah. Though I would say that -- that  
 3 young people in Sweden are continuing to get  
 4 puberty blockers when clinically indicated. The  
 5 government report -- there was a government report 11:53:22  
 6 labeling puberty blockers as experimental and to be  
 7 given in exceptional circumstances as determined by  
 8 a clinical evaluation.  
 9 And everyone in Sweden and, I think, most  
 10 places would have a clinical evaluation before 11:53:44  
 11 puberty blockers. So it has not prevented people,  
 12 young people, in Sweden from getting puberty  
 13 blockers.  
 14 Q. All right. Let's look at what we marked  
 15 as Exhibit 5. This is the Brandt deposition. If 11:53:57  
 16 you will pull that out and turn to page 93.  
 17 MR. SELDIN: I think that's the Brandt  
 18 trial. If you want the dep.  
 19 MR. HILDABRAND: Yep.  
 20 MR. SELDIN: Is that one over there, 11:54:16  
 21 Brandt?  
 22 THE WITNESS: Yes.  
 23 Q. BY MR. HILDABRAND: Let's look at page 93,  
 24 lines 12 to 16. So were you asked the question,  
 25 "And so -- so Sweden has adopted guidelines that 11:54:36

1 it's relative to the provision of gender-affirming  
 2 care in the United States?  
 3 A. Well, it's a very particular document, a  
 4 government-commissioned report. Not -- they're not  
 5 practice guidelines. It is a government 11:55:57  
 6 recommendation within their -- of care within their  
 7 national health service.  
 8 Q. Do you agree that the experience of mental  
 9 health providers around the world is relevant to  
 10 the provision of gender-affirming care in the 11:56:10  
 11 United States?  
 12 MR. SELDIN: Object to form.  
 13 THE WITNESS: Yes. But the Cass Review  
 14 was not driven by the mental health providers  
 15 working with trans youth in -- in the United 11:56:22  
 16 Kingdom. More generally, it's hard to know  
 17 everyone who was involved because their process and  
 18 their authors are opaque.  
 19 But I do know that many of the people who  
 20 were providing that care in the United Kingdom were 11:56:43  
 21 not part of the process of the Cass Review, so I  
 22 view it certainly as some kind of a governmental  
 23 response.  
 24 Q. BY MR. HILDABRAND: Did the WPATH  
 25 Standards of Care Version 8 identify everyone who 11:56:58

1 are very different from the WPATH guidelines;  
 2 correct?"  
 3 A. Correct.  
 4 Q. And your answer was "Correct"?

5 A. Yes. 11:54:46  
 6 Q. And let's go to -- further down the page,  
 7 were you also asked the question, "Okay. And these  
 8 are more restrictive guidelines; correct?"  
 9 A. Yes.  
 10 Q. And your answer was "Correct"? 11:54:59  
 11 A. Yes.  
 12 Q. You don't need to describe it, but am I  
 13 correct that your declaration in this case also  
 14 does not mention the Cass Review?  
 15 MR. SELDIN: Object to form. 11:55:15  
 16 THE WITNESS: That's correct.  
 17 Q. BY MR. HILDABRAND: Do you agree that the  
 18 Cass Review of gender-affirming care is relevant to  
 19 understanding the provision of gender-affirming  
 20 care? 11:55:31  
 21 MR. SELDIN: Object to form.  
 22 THE WITNESS: I think it's relevant to the  
 23 provision of gender-affirming care in the United  
 24 Kingdom.  
 25 Q. BY MR. HILDABRAND: But you don't think 11:55:40

1 provided comments on the WPATH Standards of Care  
 2 Version 8?  
 3 MR. SELDIN: Object to form.  
 4 THE WITNESS: So Standards of Care 8 --  
 5 Standards of Care 8 identified all of the authors. 11:57:13  
 6 The Cass Review does not.  
 7 Q. BY MR. HILDABRAND: Did any U.S.  
 8 government officials review or provide comments on  
 9 WPATH Standards of Care Version 8?  
 10 MR. SELDIN: Object to form. 11:57:26  
 11 THE WITNESS: The WPATH Standards of Care  
 12 8 process happened without outside input up until  
 13 the 2021 release for public comment. In 2021 there  
 14 was a -- as part of the process, there was a  
 15 request for public comment and a commitment to try 11:57:57  
 16 to be responsive to that.  
 17 And so I wasn't a part of the comments  
 18 that you're referring to because I wasn't on the  
 19 adolescent chapter, but I know on the mental health  
 20 chapter, we were encouraged to review those 11:58:12  
 21 comments. And, you know, if any -- if anything  
 22 needed to be addressed, that -- that people outside  
 23 the committee hadn't marked but were identified by  
 24 the public, that that was part of the process, was  
 25 to try to incorporate public comment on that. 11:58:32

1 Q. BY MR. HILDABRAND: Did the WPATH  
 2 Standards of Care Version 8 as published identify  
 3 any U.S. government official who provided comments  
 4 on the standards?  
 5 MR. SELDIN: Object to form. 11:58:43  
 6 THE WITNESS: No.  
 7 Q. BY MR. HILDABRAND: And were U.S.  
 8 government officials only provided the same  
 9 November 2021 version of the WPATH standards of  
 10 care that other members of the public were 11:58:57  
 11 provided?  
 12 MR. SELDIN: Object to form.  
 13 THE WITNESS: I don't know.  
 14 Q. BY MR. HILDABRAND: Earlier today you  
 15 mentioned Cavve 2024, right? 11:59:09  
 16 A. Yes.  
 17 Q. And that study examined outcomes for  
 18 558 -- sorry, 548 youth; is that right?  
 19 A. Yes.  
 20 Q. And if you want to look at paragraph 54, I 11:59:18  
 21 think this is one of the places you discuss it.  
 22 A. Excuse me while I -- let me just do this  
 23 so I --  
 24 (Discussion off the record.)  
 25 THE WITNESS: Yes. 11:59:43

1 the reidentification rate for the individuals who  
 2 did not start puberty blockers or hormones,  
 3 correct?  
 4 MR. SELDIN: Object to form.  
 5 THE WITNESS: Correct. Because this 12:00:58  
 6 number was the number who -- that I provided were  
 7 the people who discontinued medical treatment. So  
 8 they looked at those who started treatment. They  
 9 tried to follow up with them, and they found that a  
 10 small percentage had discontinued medical 12:01:21  
 11 treatment. And of those, only two discontinued  
 12 treatment because of identification with birth sex.  
 13 Q. BY MR. HILDABRAND: And are you aware of  
 14 any author of Cavve 2024 who has acknowledged that  
 15 the article may underestimate reidentification rates? 12:01:41  
 16 MR. SELDIN: Object to form.  
 17 THE WITNESS: No.  
 18 MR. HILDABRAND: I will enter this as  
 19 Exhibit 11, I think is what we're on.  
 20 (Reporter marked Exhibit Number 11 12:01:49  
 21 for identification.)  
 22 Q. BY MR. HILDABRAND: Does this look like a  
 23 printout of the article key points, abstract, and  
 24 information from the JAMA Network?  
 25 A. Yes. 12:02:14

1 Q. BY MR. HILDABRAND: Your declaration,  
 2 paragraph 54, you say here that "of 196 youth who  
 3 are started on puberty blockers or hormones only  
 4 two (1 percent) discontinued medical treatment  
 5 because of reidentification with birth sex." 12:00:02  
 6 A. Yes.  
 7 Q. And a higher proportion of youth referred  
 8 to the gender clinic but you did not start puberty  
 9 blockers or hormones reidentified with their birth  
 10 sex; is that right? 12:00:16  
 11 MR. SELDIN: Object to form.  
 12 THE WITNESS: Oh, the people who did not  
 13 start, yeah, I don't remember the percentage, but  
 14 perhaps -- perhaps you do.  
 15 Q. BY MR. HILDABRAND: So the 196 youth that 12:00:29  
 16 you refer to here, those are just the individuals  
 17 who started puberty blockers or hormones; is that  
 18 right?  
 19 A. Yes.  
 20 Q. And so the rest of that 548 youth did not 12:00:37  
 21 begin puberty blockers or hormones; is that right?  
 22 MR. SELDIN: Object to form.  
 23 THE WITNESS: Yeah, I assume that the  
 24 others did not.  
 25 Q. BY MR. HILDABRAND: And you didn't provide 12:00:49

1 MR. SELDIN: And, Counsel, is this -- I  
 2 know you just identified it, but to be clear, this  
 3 is not the full article?  
 4 MR. HILDABRAND: No. Yes, this is the  
 5 printout of where the article is at at the -- you 12:02:23  
 6 see the https address at the top of the page?  
 7 MR. SELDIN: Okay. But not the full  
 8 article?  
 9 MR. HILDABRAND: This is not the full  
 10 article itself. 12:02:31  
 11 MR. SELDIN: Okay. Thank you.  
 12 Q. BY MR. HILDABRAND: Do you see on -- do  
 13 you want to turn to -- I think it's page 4.  
 14 A. Yes.  
 15 Q. Do you see that there's some comments on 12:02:44  
 16 the article?  
 17 A. Yes.  
 18 Q. And the reason for this is -- the primary  
 19 purpose of the article. So I want to talk about  
 20 the comments here today. So you see -- 12:02:53  
 21 A. And these are comments when it's on the  
 22 JAMA -- JAMA Network website?  
 23 Q. Yes. I will represent to you that that's  
 24 what these are here.  
 25 So you see the first one appears to be a 12:03:08

1 comment from a Sarah Jorgensen?  
 2 A. Yes.  
 3 Q. And for the transcript, that's  
 4 J-o-r-g-e-n-s-e-n.  
 5 And then if you want to turn to page 5. 12:03:21  
 6 Do you see that there is a March 13th, 2024,  
 7 comment from Blake Cavve?  
 8 A. Yes.  
 9 Q. Have you read this comment before?  
 10 A. I don't recall. 12:03:37  
 11 Q. Is Blake Cavve the primary author?  
 12 A. Yes.  
 13 Q. All right. Let's go to page 6, I believe.  
 14 I want to ask about the comment here.  
 15 Do you see, mostly down the page, where he 12:04:01  
 16 says, "It is possible that a small number of active  
 17 patients may have expressed feelings of  
 18 reidentification Jan-Dec 2020 and may not have  
 19 been closed"?  
 20 A. Yes. So this paper was only following up 12:04:20  
 21 with people who have closed out their care in the  
 22 clinic. And so I assume he's saying that it's  
 23 possible that there are a small number of people  
 24 who are still in the clinic but may have  
 25 reidentified with their birth sex. 12:04:37

1 Q. So is it possible for this study that some  
 2 individuals could have continued mental health  
 3 appointments after the reidentification and not  
 4 been closed?  
 5 MR. SELDIN: Object to form. 12:04:50  
 6 THE WITNESS: Yeah. He says it's possible  
 7 that there's a small number of those -- of those  
 8 patients.  
 9 Q. BY MR. HILDABRAND: Okay.  
 10 A. Who -- because the study was of those who 12:04:57  
 11 had closed out their care in the clinic.  
 12 Q. All right. Let's go up a little bit on  
 13 the page. Do you see the paragraph that begins,  
 14 "Therefore, while it is possible that for some  
 15 patients the lack of engagement is due to 12:05:20  
 16 reidentification and hence we may underestimate  
 17 total reidentification rates, this is limited to  
 18 our estimate of those who reidentified before  
 19 triage appointment and, to a lesser degree, those  
 20 in the process of a multidisciplinary assessment"? 12:05:34  
 21 A. Yes.  
 22 MR. SELDIN: And I'll just note for the  
 23 record that that paragraph continues, "This does  
 24 not affect our estimates of reidentification  
 25 following provision of gender-affirming medical 12:05:46

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1 treatment."  
 2 Q. BY MR. HILDABRAND: Right. So here we're  
 3 talking about not the 196, but we're talking about  
 4 the rest of that 548 who did not receive puberty  
 5 blockers and hormones; is that right? 12:05:58  
 6 A. Well, they do talk about, I think -- I  
 7 think they may have some number about hormone --  
 8 here where it says, "Patients who reidentify with  
 9 their birth-registered sex comprise 5.3 percent of  
 10 all referral closures." 12:06:24  
 11 And so even though it was only 1 percent  
 12 of those who started hormones, there were people,  
 13 again, a small percentage, who perhaps during their  
 14 assessment process or afterwards, you know,  
 15 exploring their gender but, you know, in that 12:06:48  
 16 process, reidentified with their birth gender.  
 17 Q. And some individuals were removed from the  
 18 study due to lack of engagement; is that correct?  
 19 MR. SELDIN: Object to form.  
 20 THE WITNESS: As I recall, though, they 12:07:08  
 21 did -- there were 552 closed referrals, and they  
 22 were able -- yeah. If you look under "Results," a  
 23 reason for closure was determined for 548.  
 24 And the reason that sticks out is that's  
 25 extraordinarily rare in research for anything to be 12:07:25

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1 able to have a -- you know, a reason why people  
 2 left the clinic for 548 out of 552. That's very --  
 3 that's 99 percent, right?  
 4 Q. Is it -- is it your understanding that  
 5 some individuals were removed from the study due to 12:07:45  
 6 lack of engagement?  
 7 MR. SELDIN: Object to form.  
 8 THE WITNESS: Can you show me that  
 9 sentence where it says that?  
 10 Q. BY MR. HILDABRAND: I'm just asking what 12:07:57  
 11 your -- if -- if you don't know, you don't know.  
 12 A. I don't know.  
 13 Q. Okay. Thank you.  
 14 Let's go back to your declaration,  
 15 paragraph 54. Do you see this sentence toward the 12:08:06  
 16 top of the paragraph where you say, "For example,  
 17 in one study in the Netherlands, none of the youth  
 18 who received puberty blockers, hormones, and  
 19 surgery, and followed over an eight-year period  
 20 expressed regret"? 12:08:28  
 21 A. Yes.  
 22 Q. And that study involved a cohort of 70  
 23 youth; is that right?  
 24 A. Yes.  
 25 Q. And you are aware that one of the youth in 12:08:36

1 that study actually died of complications from  
 2 their gender surgery?  
 3 MR. SELDIN: Object to form.  
 4 THE WITNESS: Yes. They had a  
 5 vaginoplasty using a colon, which they do in the 12:08:49  
 6 Netherlands, but it's very rarely done here, and  
 7 the person got sepsis from that. And that risk is  
 8 one of the reasons why that's a quite rare surgery  
 9 here in the United States.  
 10 Q. BY MR. HILDABRAND: And you did not 12:09:06  
 11 mention that death anywhere in your declaration,  
 12 right?  
 13 MR. SELDIN: Object to form.  
 14 THE WITNESS: No.  
 15 Q. BY MR. HILDABRAND: And of the 70 12:09:12  
 16 youth, 15 dropped out of the study due to  
 17 nonparticipation; is that right?  
 18 MR. SELDIN: Object to form.  
 19 THE WITNESS: Yes. That's my 12:09:22  
 20 understanding.  
 21 Q. BY MR. HILDABRAND: And of the 55 who 12:09:22  
 22 participated fully, another 15 were missing some  
 23 data; is that correct?  
 24 A. That sounds right.  
 25 Q. Do you know whether the youth involved in 12:09:33

1 THE WITNESS: Yes.  
 2 Q. BY MR. HILDABRAND: Owen-Smith 2018 also 12:11:13  
 3 excluded individuals who were receiving transgender  
 4 care exclusively from mental health providers,  
 5 right?  
 6 A. Yes. I believe it was of those who were  
 7 receiving medical interventions.  
 8 Q. Now, let's go to paragraph 44 in your  
 9 declaration.  
 10 And here do you provide WPATH standards of 12:11:40  
 11 care requirements for pubertal suppression and  
 12 cross-sex hormones for minors?  
 13 A. Yes.  
 14 Q. Am I correct that you have not studied how 12:11:53  
 15 many healthcare providers in South Carolina use the  
 16 WPATH Standards of Care Version 8?  
 17 MR. SELDIN: Object to form.  
 18 THE WITNESS: I have not studied  
 19 healthcare in South Carolina.  
 20 Q. BY MR. HILDABRAND: Am I correct that you 12:12:03  
 21 have not studied how many healthcare providers in  
 22 South Carolina use the 2017 Endocrine Society  
 23 guidelines?  
 24 MR. SELDIN: Object to form.  
 25 THE WITNESS: That's correct. 12:12:15

1 DeVries 2014 received psychotherapy?  
 2 A. Yes. Well, psychotherapy was -- is  
 3 offered in their -- in their program.  
 4 Q. So the youth involved in that study did  
 5 receive psychotherapy? 12:09:52  
 6 A. I don't know the details in terms of if it  
 7 was possible for them to decline psychotherapy or  
 8 how often they had to see a therapist as part of  
 9 that care.  
 10 Q. But your understanding is that 12:10:08  
 11 psychotherapy was normally available for --  
 12 A. It was available, I think, is my  
 13 understanding, for people in this study.  
 14 Q. Let's go now -- skip ahead to paragraph  
 15 67. It's on page 19. 12:10:25  
 16 Am I correct that the only citation you  
 17 provide for paragraph 67 is Owen-Smith 2018?  
 18 A. Yes.  
 19 Q. And Owen-Smith 2018 was a survey of only  
 20 adults, correct? 12:10:51  
 21 A. Yes.  
 22 Q. And Owen-Smith 2018 also excluded  
 23 individuals whose gender identity was the same as  
 24 natal sex at the time of the survey, right?  
 25 MR. SELDIN: Object to form. 12:11:04

1 Q. BY MR. HILDABRAND: And for (c) here in  
 2 paragraph 44 you say, "Demonstrates the emotional  
 3 and cognitive maturity required to provide informed  
 4 consent/assent for the treatment"; is that right?  
 5 A. Yes. 12:12:31  
 6 Q. Assent requires the youth to be  
 7 cognitively mature enough to make decisions and to  
 8 have an understanding of future consequences; is  
 9 that right?  
 10 A. Yes. 12:12:39  
 11 Q. Are 15-year-olds cognitively mature enough  
 12 to make decisions about sexual intercourse?  
 13 MR. SELDIN: Object to form.  
 14 THE WITNESS: Can you repeat the question?  
 15 Q. BY MR. HILDABRAND: Yeah. Are 12:12:54  
 16 15-year-olds cognitively mature enough to make  
 17 decisions about sexual intercourse?  
 18 MR. SELDIN: Object to form.  
 19 THE WITNESS: About consenting to sexual  
 20 intercourse? 12:13:04  
 21 Q. BY MR. HILDABRAND: It's a great  
 22 clarifier. Are 15-year-olds cognitively mature  
 23 enough to decide to consent to sexual intercourse?  
 24 MR. SELDIN: Object to form.  
 25 THE WITNESS: I think that's young. 12:13:15

1 Q. BY MR. HILDABRAND: Are some 15-year-olds  
 2 cognitively mature enough to decide to consent to  
 3 sexual intercourse?  
 4 MR. SELDIN: Object to form.  
 5 THE WITNESS: Can you repeat the question? 12:13:29  
 6 Q. BY MR. HILDABRAND: Are some 15-year-olds  
 7 cognitively mature enough to consent to sexual  
 8 intercourse?  
 9 MR. SELDIN: Object to form.  
 10 THE WITNESS: It's not a -- that's not an 12:13:46  
 11 assessment for consent that I have ever made, so I  
 12 -- but -- so I don't know if I would, you know,  
 13 make a response to that.  
 14 I think certainly there are, you know,  
 15 reasons for, you know, restriction of consent for 12:14:14  
 16 sex for minors generally.  
 17 Q. BY MR. HILDABRAND: You say "reasons for  
 18 restrictions." Do you mean government prohibiting  
 19 minors from being allowed to consent to sexual  
 20 intercourse? 12:14:31  
 21 MR. SELDIN: Object to form.  
 22 THE WITNESS: So it's not -- it's more a  
 23 prohibition of adults having sex with minors. And  
 24 I think there are reasonable, you know, reasons for  
 25 that. 12:14:51

1 THE WITNESS: Yeah, I think I've answered  
 2 the question.  
 3 Q. BY MR. HILDABRAND: And are 15-year-olds  
 4 able to have an understanding of the consequences  
 5 of sexual intercourse? 12:16:27  
 6 MR. SELDIN: Object to form.  
 7 THE WITNESS: They -- the cognitive  
 8 abilities of 15-year-olds certainly can vary. But  
 9 there are reasons to be concerned about -- about  
 10 their cognitive abilities consenting to it. But 12:16:45  
 11 I've never done that sort of cognitive assessment.  
 12 Q. BY MR. HILDABRAND: Are 15-year-olds  
 13 cognitively mature enough to understand orgasm?  
 14 MR. SELDIN: Object to form.  
 15 THE WITNESS: I think that minors can 12:17:05  
 16 sometimes have pretty sophisticated understandings  
 17 of sex from -- whether it's their reading or  
 18 otherwise, whether or not they engage in sex.  
 19 So there are people -- I have patients,  
 20 not that I talk about consent for sex with, but I 12:17:32  
 21 do have patients that age who have pretty mature  
 22 cognitive abilities. I think there's -- and there  
 23 are those who don't at all.  
 24 So I do think that there's a variation,  
 25 but there's also just kind of a larger set of 12:17:58

1 There are minors who have sex with minors  
 2 where -- you know, where government tends not to be  
 3 involved in those decisions.  
 4 Certainly, hopefully, parental, you know,  
 5 advice and parenting general -- generally might 12:15:14  
 6 inform, you know, good decision-making by the youth  
 7 involved.  
 8 Q. BY MR. HILDABRAND: So do you think that  
 9 some 15-year-olds are cognitively mature enough to  
 10 decide with parental involvement in that decision 12:15:27  
 11 to have sexual intercourse with another minor?  
 12 MR. SELDIN: Object to form.  
 13 THE WITNESS: It's not an assessment I've  
 14 ever made.  
 15 Q. BY MR. HILDABRAND: So you don't have an 12:15:38  
 16 opinion one way or another about that question?  
 17 MR. SELDIN: Object to form.  
 18 THE WITNESS: I would say that there are  
 19 good reasons to be concerned about a 15-year-old  
 20 consenting to sex. 12:15:56  
 21 Q. BY MR. HILDABRAND: But you cannot  
 22 definitively say that 15-year-olds are not  
 23 cognitively mature enough to decide to have sexual  
 24 intercourse with another minor?  
 25 MR. SELDIN: Object to form. 12:16:09

1 concerns for minors consenting to sex and  
 2 particularly consenting to sex for adults -- with  
 3 adults and what -- what the consequences of that --  
 4 that may be.  
 5 Q. BY MR. HILDABRAND: Do you have any minor 12:18:14  
 6 patients who are -- have or had minor patients who  
 7 are 15 years old or younger who were cognitively  
 8 mature enough to decide to consent to sexual  
 9 intercourse?  
 10 MR. SELDIN: Object to form. 12:18:26  
 11 THE WITNESS: I've never made that  
 12 assessment. I'm just saying I do have 15-year-olds  
 13 who are very cognitively mature and others who are  
 14 not. So I think if you're in a more broader way,  
 15 you know, making decisions where, first of all, 12:18:41  
 16 they're not consenting all of the -- they're only  
 17 assenting and the parents are consenting.  
 18 When I work with youth, even in terms of  
 19 adjusting antidepressant doses, I'm consulting with  
 20 and getting the consent of the parents. 12:19:08  
 21 And so there is a -- an appreciation that  
 22 there is a level of understanding that the parents  
 23 can give, and that's why we need parental consent  
 24 for every -- for every minor, even for quite small  
 25 decisions, because we do respect that there are, 12:19:32

1 you know, limitations that minors have.

2 Q. BY MR. HILDABRAND: Do you agree that  
3 15-year-olds are categorically incapable of  
4 assenting to sexual intercourse?

5 MR. SELDIN: Object to form. 12:19:49

6 THE WITNESS: I think you've asked me this  
7 question, like, a dozen times, and I've tried to  
8 answer it as best I can.

9 Q. BY MR. HILDABRAND: Yeah. I just want to  
10 make sure I understand your position as best I 12:19:58  
11 could. You use consent, assent. I want to make  
12 sure I'm understanding it.

13 So can you answer the question?

14 A. I -- I think -- I think when you -- if you  
15 are trying to draw analogies to assent for medical 12:20:09  
16 care for minors, you have to take into account that  
17 the parents are the ones giving the consent and the  
18 minors are assenting.

19 I don't think there's a rough equivalent  
20 where the parents are consenting to sex and the 12:20:28  
21 minors are assenting for 15-year-olds. So I  
22 don't -- I'm not -- it's not a process that I am  
23 familiar with.

24 Q. And are 12-year-olds cognitively mature  
25 enough to understand orgasm? 12:20:42

1 MR. SELDIN: Object to form.

2 THE WITNESS: So I would -- I have minor  
3 patients where they have had long discussions with  
4 their therapists and with their parents about the  
5 potential consequences of care. A 12-year-old is 12:21:14  
6 not going to assent without also the consent of  
7 parents and without kind of a process.

8 Q. BY MR. HILDABRAND: Yeah. And I just  
9 wanted to understand that process.

10 So can a 12-year-old of that age, are they 12:21:33  
11 cognitively mature enough when providing that  
12 assent to understand what orgasm means?

13 MR. SELDIN: Object to form.

14 THE WITNESS: So they -- in the context of  
15 parental consent and extended discussions with -- 12:21:53  
16 about consequences of care, they are -- minors  
17 can -- are able to assent for care. But their --  
18 even though -- maybe you're referring to some  
19 comment that was made about minors having orgasm.

20 In -- in the actual research, if you look 12:22:42  
21 at the Dutch data, there was an update on this data  
22 in Portugal recently. The -- that's eventually  
23 being published.

24 They found that minors who got -- in the  
25 Dutch cohort, minors who got puberty blockers were 12:23:12

1 -- at a young age, at 11, 12 years old, were  
2 actually more likely be able to orgasm or achieve  
3 sexual satisfaction than those who didn't get  
4 treated until they were late in adolescence.

5 And -- and so -- and in particular, when 12:23:40  
6 you're looking at transgender girls, the -- and  
7 then they're -- this is longitudinal, so they're  
8 following up with them as adults when they are  
9 sexually active.

10 But they were looking at minors whose -- 12:23:59  
11 in the Dutch cohort started puberty blockers early,  
12 those that started puberty blockers or hormones  
13 later in adolescence, presumably Tanner Stage 5 or  
14 later, and then they were also comparing them to  
15 cisgender women in the general population. 12:24:25

16 And the rate of orgasm and reaching --  
17 having sexual satisfaction was -- was roughly the  
18 same. And it was actually more of the minors, 11,  
19 12 years old, Tanner Stage 2, who got puberty  
20 blockers did report good sexual satisfaction 12:24:51  
21 compared to those that got -- had interventions  
22 later.

23 So, you know, would -- I mean, that's just  
24 that kind of data. So I'm not sure if, like -- in  
25 the question if there's, like, an assumption that 12:25:12

1 somebody is at 11 able to consent to say good-bye  
2 to sexual satisfaction forever, because that's not  
3 at least what the Dutch data shows.

4 And -- but there has been, you know,  
5 certainly, you know, discussion about, you know, 12:25:31  
6 what people consent -- assent to, you know, at a  
7 young age, and it's certainly something that we,  
8 you know, had to think about and talk about.

9 Q. BY MR. HILDABRAND: Yeah. So a couple  
10 follow-up questions. First, you mentioned a 12:25:49  
11 Portugal study.

12 Is that -- do you refer to that in your  
13 declaration?

14 A. The study was presented in Portugal.

15 Q. Okay. 12:25:57

16 A. And it was presented in Portugal. The  
17 conference was at the end of September, and so it  
18 was after the declaration. It was only, you know,  
19 in the past month.

20 However, the -- that data with a smaller 12:26:08  
21 amount of data collected was presented also in  
22 Montreal at the WPATH in 2022. And there was a  
23 question in the audience of when it was going to be  
24 published. So I assume soon, but it's not yet been  
25 published. But you can see it as abstracts, 12:26:34

1 presumably, for the conferences.  
 2 Q. And one of those conferences was Montreal  
 3 2022; is that right?  
 4 A. Montreal was 2022 for WPATH, and then  
 5 Portugal, Lisbon, is 2024. 12:26:45  
 6 Q. Thank you.  
 7 And so you'd agree that some  
 8 gender-affirming treatments negatively impact  
 9 the ability of an individual to achieve orgasms; is  
 10 that correct? 12:26:58  
 11 MR. SELDIN: Object to form.  
 12 THE WITNESS: So whenever we provided a  
 13 treatment -- the health practitioner provides a  
 14 treatment, goes over risks and benefits of  
 15 treatment. And so, you know, for an adult to be -- 12:27:15  
 16 if somebody is assigned male at birth and then they  
 17 transition and they're taking an androgen-lowering  
 18 drug along with estrogen, that can affect their  
 19 sexual functioning. And so that's discussed with  
 20 the patient. 12:27:44  
 21 Q. BY MR. HILDABRAND: When you say "affect,"  
 22 it could affect it negatively in some cases?  
 23 A. Yes.  
 24 Q. And again, am I correct that you have not  
 25 studied informed consent practices of South 12:27:52

1 practices vary based on the jurisdiction's laws; is  
 2 that correct?  
 3 MR. SELDIN: Object to form.  
 4 THE WITNESS: Based on national laws. But  
 5 in general in the United States, people do need, 12:29:23  
 6 you know, parental consent if they're getting  
 7 gender-affirming care under the age of 18.  
 8 Q. BY MR. HILDABRAND: You said based on a  
 9 national law. Is that --  
 10 A. No. National laws like of the U.K. and 12:29:39  
 11 the Netherlands, for example, are different from  
 12 American law. So there are other countries that  
 13 set different ages of consent than the United  
 14 States. But the United States, in general, it  
 15 is -- in general, it's 18. 12:29:58  
 16 And -- and certainly all the care that I  
 17 provide when someone's under 18, I'm getting  
 18 consent from -- from the parents. If there's -- if  
 19 the parents are together and there's agreement that  
 20 one of the parents is consenting, they may be the 12:30:21  
 21 only parent who's participating in the  
 22 conversations, but the other parent still maintains  
 23 the ability to object.  
 24 And I do have patients where one parent  
 25 has objected, and that has kept the patient from 12:30:38

1 Carolina healthcare providers?  
 2 MR. SELDIN: Object to form.  
 3 THE WITNESS: That's correct.  
 4 Q. BY MR. HILDABRAND: Does the WPATH  
 5 Standards of Care Version 8 require both parents to 12:28:00  
 6 consent to gender-affirming treatment or just one  
 7 parent?  
 8 MR. SELDIN: Object to form.  
 9 THE WITNESS: So Standards of Care 8, it's  
 10 not law. They are clinical guidelines, and those 12:28:15  
 11 guidelines are different in different countries.  
 12 In some countries minors can assent for care at  
 13 age 16; I believe in the U.K. and in the  
 14 Netherlands.  
 15 In the U.S., people need to have parental 12:28:37  
 16 consent. Minors need to have parental consent for  
 17 any kind of care other than, like, emergency care  
 18 when someone is in a car accident and they can't  
 19 find their parent.  
 20 But other than that situation, parents do 12:28:57  
 21 need to consent unless there's -- you know, it's a  
 22 guardian, if they have a guardian, or except for,  
 23 you know, a few cases where someone's an  
 24 emancipated minor.  
 25 Q. BY MR. HILDABRAND: So -- so consent 12:29:12

1 getting care that the other parent wanted or  
 2 that -- you know, that the doctors have discussed.  
 3 Q. So is it your understanding, though, that  
 4 that's a matter of federal law in the United States  
 5 or a matter of state law regarding consent? 12:30:57  
 6 MR. SELDIN: Object to form.  
 7 THE WITNESS: My understanding is it's  
 8 state law.  
 9 Q. BY MR. HILDABRAND: And you practice here  
 10 in California; is that right? 12:31:05  
 11 A. Yes.  
 12 Q. And in California, California allows  
 13 courts to authorize gender-transition procedures on  
 14 minors when the minor is physically present in the  
 15 state even if the parents do not consent; is that 12:31:15  
 16 correct?  
 17 MR. SELDIN: Object to form. Calls for a  
 18 legal conclusion.  
 19 THE WITNESS: Yeah. There is -- there  
 20 was, like, sanctuary law where -- but I am not 12:31:23  
 21 aware of -- I'm not fully aware of all the details  
 22 of the law, and I'm not aware of any time that that  
 23 has -- has happened.  
 24 You know, there have been a handful of  
 25 cases where one parent -- where two parents 12:31:48

1 disagree in terms of care. Typically one parent  
 2 the courts -- these are cases where people get  
 3 divorced and where only one parent is caring for  
 4 the -- their child.

5 And sometimes the Court has granted sole 12:32:10  
 6 medical decision-making to that -- to that one  
 7 parent. So there are circumstances uncommon, but  
 8 they can happen where one parent consents without  
 9 the other parent.

10 The ordinary care that I see is that both 12:32:28  
 11 parents need to come to an agreement on what care  
 12 is provided to their child.

13 Q. BY MR. HILDABRAND: Do you agree that  
 14 gender-affirming treatment should not be provided  
 15 to the minor when a parent does not consent to that 12:32:51  
 16 treatment?

17 MR. SELDIN: Object to form.

18 THE WITNESS: So if both parents are legal  
 19 decision-makers, then both of them need to consent.

20 As I said, there have been a few cases 12:33:09  
 21 where one parent -- the courts have declared one  
 22 parent as the decision-making parent, and that  
 23 parent does get to make medical decisions for the  
 24 child.

25 You know, one would like to think that 12:33:27

1 parents could get together and -- you know, to  
 2 decide on care, and that is what happens when the  
 3 parents are together.

4 But there are a few cases of divorce where  
 5 the parents are not able to come to an agreement. 12:33:47  
 6 And I'm aware of, you know, a handful of cases when  
 7 courts have -- have intervened and given the  
 8 custodial parent the right to make the medical  
 9 decision.

10 Q. BY MR. HILDABRAND: And so you don't see 12:34:03  
 11 any problem in those cases of divorce or other  
 12 circumstances where the Court has intervened to  
 13 decide who should make the decision --

14 MR. SELDIN: Object to --

15 Q. BY MR. HILDABRAND: -- for the child? 12:34:14  
 16 MR. SELDIN: Object to form.

17 THE WITNESS: So I think there are cases  
 18 one parent is not involved in the child's life,  
 19 that there may be -- and somebody needs to make a  
 20 decision, because it is a decision either way, yes 12:34:25  
 21 or no, to any intervention. And that's, you know,  
 22 things that the courts have done in other types of  
 23 medical care as well.

24 And so I think that, of course, there's  
 25 the, you know, due process of law of the Court, you 12:34:42

1 know, considering those circumstances. Obviously  
 2 those are not ideal circumstances, but there are  
 3 times where, you know, one can imagine it might be  
 4 necessary.

5 Q. BY MR. HILDABRAND: Do you view it as 12:35:00  
 6 abusive toward a child to -- for a parent to refuse  
 7 to affirm the child's asserted gender identity?

8 MR. SELDIN: Object to form.

9 THE WITNESS: So I think that when you  
 10 have cases where parents don't want to accept 12:35:20  
 11 their -- their child's identity and that -- and  
 12 that's creating conflict that's brought to the  
 13 mental health provider, that it is important that  
 14 some family work or, you know, some sort is done to  
 15 try to bring the family together. 12:35:47

16 And that sometimes can be important even  
 17 in adults, where even though the adult seeking  
 18 care -- the young adult seeking care has the full  
 19 legal right to, you know, provide that care, they  
 20 also may, you know, be part of a family where it's 12:36:06  
 21 important to -- where it's helpful for the -- the  
 22 young adult to, you know, remain part of that  
 23 family.

24 And so trying to work with the family so  
 25 that they can better understand each other and 12:36:24

1 communicate with each other and be respectful of  
 2 each other, I think those are -- can be  
 3 important -- important things.

4 Q. BY MR. HILDABRAND: So do you agree it's  
 5 not abusive of a child for a parent to refuse to 12:36:35  
 6 affirm a child's asserted gender identity?

7 MR. SELDIN: Object to form.

8 THE WITNESS: I -- I think it certainly  
 9 happens in cases where the parents are not trying  
 10 to be abusive. I think there are some cases 12:36:55  
 11 where -- you know, where abuse can be part of it,  
 12 whether it's physical abuse or throwing the child  
 13 out of the house or -- you know, there can be kind  
 14 of abusive practices.

15 I think that -- though, that the person 12:37:18  
 16 who might be transitioning or considering  
 17 transitioning has been thinking about doing that  
 18 for -- often for a very long time, and the parent  
 19 may just be hearing about it. And they may need to  
 20 have their own process in terms of even figuring 12:37:36  
 21 out what to do.

22 And so, you know, I'm respectful that --  
 23 that just because a parent might be initially  
 24 rejecting, it doesn't necessarily mean that -- that  
 25 repair within that family isn't possible. 12:37:57

1 Q. BY MR. HILDABRAND: So to make sure I  
 2 understand your understanding, so in a scenario  
 3 where a parent does take the time to consider the  
 4 issue fully but makes a decision and is not  
 5 physically abusive but tells the child that the 12:38:11  
 6 parent will not affirm the child's transgender  
 7 identity, is that child abuse?

8 MR. SELDIN: Object to form. Calls for a  
 9 legal conclusion.

10 THE WITNESS: Yeah. So I don't believe 12:38:27  
 11 that a parent simply saying "I can't accept that,"  
 12 that that is child abuse.

13 Q. BY MR. HILDABRAND: Okay. Are you -- so  
 14 just some quick questions. Are you a surgeon?

15 A. No. 12:38:48

16 Q. Are you a neurologist?

17 A. No.

18 Q. And are you an endocrinologist?

19 A. No.

20 Q. Are you a urologist? 12:38:53

21 A. No.

22 Q. Are you a gynecologist?

23 A. No.

24 Q. And are you a bioethicist?

25 A. No. 12:39:00

1 Q. And you do not personally prescribe  
 2 puberty blockers or hormones?

3 A. No.

4 Q. Sorry. My question was worded poorly, so  
 5 I just want to be clear. 12:39:10

6 So it's correct that you do not personally  
 7 prescribe puberty blockers or hormones?

8 A. That's correct.

9 Q. Thank you.

10 MR. SELDIN: Did you see me flinch? 12:39:21

11 Q. BY MR. HILDABRAND: I just want to make  
 12 sure we're clear here, so I don't want to say you  
 13 said something that you didn't mean.

14 Puberty blockers are only potentially

15 appropriate for treating gender dysphoria 12:39:34  
 16 adolescents not gender dysphoric adults, right?

17 A. Not gender dysphoria adults. Adults  
 18 typically -- there are occasions when adults have  
 19 used androgen -- those kind of androgen-blocking  
 20 drugs, but that's not the norm of -- of care. 12:39:55

21 Q. Okay. And do you agree that a concern  
 22 about puberty blockers is that if someone is on  
 23 puberty blockers for too long, then that might  
 24 affect bone density?

25 A. Yes. 12:40:09

1 Q. What is the longest time period one of  
 2 your patients has remained on puberty blockers as a  
 3 treatment for gender dysphoria?

4 A. I don't have, you know, an actual kind of  
 5 account of it. But typically, within two years, if 12:40:34  
 6 they're on puberty blockers, the -- you know, there  
 7 would be a discussion of moving to hormones if  
 8 the -- if the youth is continuing to want to pursue  
 9 transition.

10 Q. Have any of your patients remained on 12:40:55  
 11 puberty blockers as a treatment for gender  
 12 dysphoria for more than five years?

13 A. Not any -- no. I wouldn't say -- I'd say  
 14 no. I mean, I think I've had -- I've had some  
 15 adults who were on antiandrogens alone for a while 12:41:12  
 16 but not even that long. So I would say no.

17 Q. Does Tanner Stage 2 normally complete  
 18 before an individual becomes an adult?

19 A. Yes.

20 Q. Have you had patients who are 24 years old 12:41:29  
 21 and still in Tanner Stage 2 because they took  
 22 puberty blockers?

23 A. No.

24 Q. Okay. I'm going to need you to pull out  
 25 the Brandt deposition transcript, which is 12:41:40

1 Exhibit 5, like we were just --

2 A. Okay.

3 Q. -- just on that there.

4 MR. SELDIN: And, Mr. Hildabrand, we're  
 5 coming up on about an hour. I'm just not sure 12:41:49  
 6 where you are in terms of --

7 MR. HILDABRAND: Yeah. There's a short  
 8 stream of -- maybe five minutes, and then we take a  
 9 break. Sound good?

10 MR. SELDIN: That sounds great. Thank 12:41:59  
 11 you.

12 Does that work for you, Dr. Karasic?

13 THE WITNESS: Yeah.

14 Q. BY MR. HILDABRAND: And actually, I'm  
 15 sorry. Let's go to the Brandt trial transcript. I 12:42:06  
 16 think that's Exhibit 9.

17 MR. SELDIN: That's the dep. I think you  
 18 want the trial.

19 THE WITNESS: Oh.

20 MR. SELDIN: Right there. 12:42:23

21 THE WITNESS: Thank you.

22 Q. BY MR. HILDABRAND: We're going to go to  
 23 page 282 in this. We're going to look on page 282,  
 24 lines 5 through 9.

25 Sir, were you asked the question starting 12:42:57

1 at line 5, "So was your answer to that, yes, you  
 2 think someone at Tanner II can make an important  
 3 decision about that?"  
 4 Was that a question you were asked at  
 5 trial? 12:43:09  
 6 A. I assume so.  
 7 Q. Did you answer that question, "I mean, I  
 8 have patients who were Tanner II, and they are 24,  
 9 because they have been on puberty blockers. I  
 10 think they're making their own decisions just 12:43:18  
 11 fine"?  
 12 A. I think that was a transcript error. I  
 13 would not have said I have patients who are  
 14 Tanner 2 who are 24.  
 15 Q. Have you informed the Court or opposing 12:43:30  
 16 counsel in this case that this is a transcript  
 17 error?  
 18 A. No, I haven't. This is the first time I  
 19 recall actually seeing the transcript of the trial.  
 20 MR. SELDIN: Counsel, I want to look back, 12:43:42  
 21 because I think the header on this is an Adkins  
 22 cross, not a Karasic cross.  
 23 MR. HILDABRAND: Oh, I'm sorry.  
 24 THE WITNESS: Yeah. That would make more  
 25 sense. 12:43:57

1 Q. BY MR. HILDABRAND: I'm glad we clarified  
 2 that there.  
 3 A. Right. I don't remember saying that.  
 4 MR. SELDIN: An expert with a typo is like  
 5 a dog with a bone. You gotta really tell him to 12:44:55  
 6 look away.  
 7 Q. BY MR. HILDABRAND: Yeah. So do you agree  
 8 that the vast majority of patients who begin  
 9 puberty blockers as a treatment for gender  
 10 dysphoria will start cross-sex hormones? 12:45:05  
 11 MR. SELDIN: Object to form.  
 12 THE WITNESS: That's correct.  
 13 Q. BY MR. HILDABRAND: And do you agree that  
 14 puberty blockers can be sterilizing if a minor  
 15 started puberty blockers and then transitions 12:45:14  
 16 further with cross-sex hormones?  
 17 MR. SELDIN: Object to form.  
 18 THE WITNESS: So if they start cross-sex  
 19 hormones, then it can be sterilizing. Of course,  
 20 cross-sex hormones for people assigned male at  
 21 birth themselves can affect fertility as well.  
 22 MR. HILDABRAND: I think you mentioned a  
 23 break. I think this is a good place to call it --  
 24 MR. SELDIN: It's been about an hour.  
 25 MR. HILDABRAND: -- so let's go off the 12:45:40

1 MR. HILDABRAND: There we go. That  
 2 answered the question right there.  
 3 THE WITNESS: I answered truthfully.  
 4 MR. HILDABRAND: There we go.  
 5 Q. BY MR. HILDABRAND: And so the answer is 12:44:04  
 6 no, you do not have any patients who are 24 --  
 7 A. No, I do not have any patients who are 24  
 8 and Tanner Stage 2.  
 9 Q. And you'd find it odd to have a patient  
 10 who's 24 years old and still Tanner Stage 2; is 12:44:14  
 11 that right?  
 12 A. It would be very unusual for me because  
 13 I've never had a patient -- I don't -- I wouldn't  
 14 see, you know, being on puberty blockers until  
 15 age 24. 12:44:25  
 16 Q. Thank you. And sorry if I messed up. I  
 17 was not intending to there.  
 18 Do you agree that the vast majority of  
 19 patients who will begin puberty blockers as a  
 20 treatment of gender dysphoria will start cross-sex 12:44:38  
 21 hormones?  
 22 MR. SELDIN: Object to form.  
 23 THE WITNESS: Can you repeat the question?  
 24 Sorry. I was just -- I was just thinking about the  
 25 24 -- 12:44:46

1 record.  
 2 MR. SELDIN: Thank you.  
 3 THE VIDEOGRAPHER: We're off the record.  
 4 The time is 12:45 p.m.  
 5 (A recess was taken.) 12:54:31  
 6 THE VIDEOGRAPHER: Okay. We're back on  
 7 the record. The time is 12:54 p.m.  
 8 Q. BY MR. HILDABRAND: I guess first of all,  
 9 did you discuss anything with counsel during the  
 10 break? 12:54:41  
 11 A. No.  
 12 Q. And just to close out what I mentioned  
 13 earlier, does Dr. Adkins practice in North  
 14 Carolina?  
 15 A. I believe she does practice in North 12:54:56  
 16 Carolina, yeah.  
 17 Q. For cross-sex hormones, do you agree that  
 18 decreased testicular mass is an irreversible side  
 19 effect of taking estrogen as a treatment for gender  
 20 dysphoria? 12:55:12  
 21 MR. SELDIN: Objection to form.  
 22 THE WITNESS: Yeah, it can be for -- it --  
 23 right. It can be an irreversible treatment and  
 24 that's why for -- when people are starting  
 25 hormones, if they have -- if they're not already on 12:55:27

1 puberty blockers -- if it's puberty blockers, it  
 2 should be before they start puberty blockers. But  
 3 there should be a discussion about fertility. And  
 4 the parents and the young person need to be fully  
 5 aware of potential ramifications on fertility. 12:55:48

6 Q. BY MR. HILDABRAND: Is decreased  
 7 testicular mass an irreversible side effect of  
 8 taking testosterone as a treatment for gender  
 9 dysphoria?

10 MR. SELDIN: Object to form. 12:56:01

11 THE WITNESS: Not for gender dysphoria.  
 12 There are bodybuilders who take testosterone and  
 13 have decreased testicular mass that way because of  
 14 the feedback mechanism, but that's not for gender  
 15 dysphoria. 12:56:18

16 Q. BY MR. HILDABRAND: Why is decreased  
 17 testicular mass an irreversible side effect of  
 18 taking testosterone as a treatment for gender  
 19 dysphoria?

20 MR. SELDIN: Object to form. 12:56:29

21 THE WITNESS: Because people who are  
 22 taking testosterone for gender dysphoria typically  
 23 don't have testes.

24 Q. BY MR. HILDABRAND: You say "typically."  
 25 Are you aware of any individuals with 12:56:43

1 testes who are prescribed testosterone as a  
 2 treatment for gender dysphoria?

3 MR. SELDIN: Object to form.  
 4 THE WITNESS: No.

5 Q. BY MR. HILDABRAND: Let's go to 12:57:00  
 6 paragraph 51 in your declaration. This is on  
 7 page 13. The declaration is Exhibit 1.

8 A. Sorry. There's a big mound here. Here we  
 9 go.

10 Q. All right. And then paragraph 51 on 12:57:25  
 11 page 13. This is the section where you discuss the  
 12 efficacy of puberty blockers and hormone therapy  
 13 for treating adolescents with gender dysphoria; is  
 14 that right?

15 A. Yes. 12:57:58

16 Q. And you cite "Cornell 'What We Know'" for  
 17 the benefits of these treatments?

18 A. I do it to -- I cite it for the statement  
 19 that "Medical treatment for gender dysphoria has  
 20 been studied for over half a century." So most of 12:58:17  
 21 that half century was -- most that study was on  
 22 adults.

23 According to what we know is a compendium  
 24 of -- it's a systematic review and meta-analysis of  
 25 treatment of gender dysphoria up until, I think, 12:58:31

1 1971, but going back -- I'm sorry -- 2017, but  
 2 going back to the 1970s or '80s, going back many --  
 3 many years.

4 Q. So you'd agree that this "Cornell 'What We  
 5 Know'" review looks at predominantly studies of 12:58:51  
 6 adults?

7 A. Yes.

8 Q. And can you name a study demonstrating  
 9 that medical transition reduces the rate of  
 10 completed suicides among any population of 12:59:02  
 11 transgender minors?

12 MR. SELDIN: Object to form.

13 THE WITNESS: So that as a measure,  
 14 completed suicide, no.

15 Q. BY MR. HILDABRAND: I see you -- go to 12:59:17  
 16 paragraph 59. It's a few pages ahead, page 17. I  
 17 see you used the word "safe" here to describe  
 18 gender-affirming medical interventions.

19 When you use the word "safe" here, do you  
 20 mean that the benefits of gender-affirming medical 12:59:40  
 21 interventions greatly exceed the risk?

22 MR. SELDIN: Object to form.

23 THE WITNESS: Yes.

24 Q. BY MR. HILDABRAND: All right. And when  
 25 you use the word "safe" to describe these medical 12:59:52

1 interventions, you don't mean that the  
 2 interventions are entirely without risk, right?

3 MR. SELDIN: Object to form.

4 THE WITNESS: Right. Every intervention  
 5 has potential side effects. 01:00:04

6 Q. BY MR. HILDABRAND: Do you agree that  
 7 there's limited data on the optimal timing of  
 8 gender-affirming interventions as well as the  
 9 long-term physical, psychological, and  
 10 neurodevelopmental outcomes in youth? 01:00:16

11 MR. SELDIN: Object to form.

12 THE WITNESS: Can you repeat the question?

13 Q. BY MR. HILDABRAND: Yeah. So do you agree  
 14 there's limited data on the optimal timing of  
 15 gender-affirming interventions as well as the 01:00:25  
 16 long-term physical, psychological, and  
 17 neurodevelopmental outcomes in youth?

18 MR. SELDIN: Object to form.

19 THE WITNESS: I think that if we -- it  
 20 sounds like there's a couple parts to that 01:00:42  
 21 question.

22 So if you're talking about when the  
 23 optimal time to start, there certainly is some data  
 24 that in -- for some youth, youth who have -- who  
 25 have had gender dysphoria at a young age that has 01:01:14

1 persisted over time, that starting at Tanner  
 2 Stage 2 can -- can help them. Certainly, the --  
 3 the Dutch experience is supportive of that.  
 4 But there are people who start gender 01:01:39  
 5 transition at later times in their life, and sometimes at what they consider the appropriate  
 6 time in their life, which sometimes is later in  
 7 adolescents and sometimes into adulthood.  
 8 I have adolescent patients, particularly 01:01:58  
 9 some nonbinary adolescent patients, who have gender dysphoria and have considered medical interventions  
 10 and decided to -- to wait. And so that -- you  
 11 know, there's not one age for everyone.  
 12 In terms of long-term outcomes, there 01:02:32  
 13 are -- the Dutch are continuing to follow their population, and, you know, they are -- they have  
 14 people who are maybe, you know, 30 years from when  
 15 they started puberty blockers.  
 16 But there is the nature of launch to no 01:02:59  
 17 follow-up with young people in that if you're -- if you want to know how someone who started on puberty  
 18 blockers at age 11 is doing at age 80, then it's  
 19 going to take 70 years to get that -- that  
 20 research. So, you know, we have research as it  
 21 kind of comes in. 01:03:19

1 for gender dysphoria since before 2013?  
 2 A. Oh, yeah. Because -- so by the time  
 3 2014's DeVries study came around, she was reporting  
 4 on a population of people who had started on  
 5 puberty blockers and started on hormones, and then 01:05:07  
 6 as adults had surgery, and then following up on  
 7 those. And so that's quite a number of years from  
 8 the start of puberty to being adults who've --  
 9 who've had surgery.  
 10 So they -- the Dutch have had people now 01:05:25  
 11 for several decades on puberty blockers, and -- but  
 12 they had to have, well, 70, I suppose, people who  
 13 had, you know, made it to adulthood and then had  
 14 surgery to be able to report for the 2014 paper.  
 15 Q. So if the Dutch were prescribing puberty 01:05:54  
 16 blockers to a minor in 2010, they would have been  
 17 using the gender identity disorder diagnosis; is  
 18 that correct?  
 19 MR. SELDIN: Object to form.  
 20 THE WITNESS: So in 2010, they would have 01:06:07  
 21 been using the gender identity disorder of adults  
 22 diagnosis.  
 23 Q. BY MR. HILDABRAND: Because the gender  
 24 dysphoria diagnosis did not exist in 2010; is that  
 25 right? 01:06:19

1 Q. BY MR. HILDABRAND: Gotcha. And so we  
 2 don't have research on individuals who started  
 3 puberty blockers at age 11 as a treatment for  
 4 gender dysphoria at the age of when they're 50, 60  
 5 years old; is that right? 01:03:30  
 6 MR. SELDIN: Object to form.  
 7 THE WITNESS: Well, the -- the Dutch are  
 8 following some people who are in their 40s by now.  
 9 But from that data -- I mean, from their data,  
 10 we're going to have to wait, you know, for the 01:03:54  
 11 systematic study of those folks.  
 12 I mean, there have been people, young  
 13 people, who have been transitioning since the  
 14 1950s, if not earlier. And so there are some  
 15 people who as individuals have transitioned and 01:04:13  
 16 lived long lives.  
 17 But in terms of a kind of systematic study  
 18 from the start of puberty blockers to old age,  
 19 we're going to have to wait.  
 20 Q. BY MR. HILDABRAND: Is it your 01:04:32  
 21 understanding that the Dutch have been prescribing  
 22 puberty --  
 23 (Clarification by the reporter.)  
 24 Q. BY MR. HILDABRAND: Yeah. Had the Dutch  
 25 been prescribing puberty blockers as a treatment 01:04:44

1 A. The gender identity diagnosis for children  
 2 and a separate diagnosis for adolescents and adults  
 3 did exist back then. And -- but, yeah, they would  
 4 have in 2010 been using gender identity disorder of  
 5 adolescents and adults. 01:06:42  
 6 Q. But just to be clear to make sure I  
 7 understand, they would -- in 2010, doctors were not  
 8 using gender dysphoria in adolescents and adults  
 9 diagnosis, correct?  
 10 A. No. It would have been a gender identity 01:06:59  
 11 disorder in 2010.  
 12 Q. Let's go to the WPATH standards of care,  
 13 which I think are Exhibit 7.  
 14 (Discussion off the record.)  
 15 Q. BY MR. HILDABRAND: We all agree we are on 01:07:50  
 16 WPATH's Standards of Care Version 8 right now.  
 17 Turn to page S65.  
 18 Do you see on the -- I'll wait until you  
 19 get there. Do you see the statement -- it's in the  
 20 bottom left-hand paragraph -- that "there is, 01:08:16  
 21 however, limited data on the optimal timing of  
 22 gender-affirming interventions as well as the  
 23 long-term physical, psychological, and  
 24 neurodevelopmental outcomes in youth"?  
 25 A. Yeah. Can you tell me exactly where 01:08:42

1 you're looking?  
 2 Q. Yeah. Page S65 underneath where it says  
 3 "Considerations of Ages for Gender-Affirming  
 4 Medical and Surgical Treatment," the paragraph that  
 5 begins -- 01:08:54  
 6 A. Oh, okay.  
 7 Q. -- "a growing body." And then it says,  
 8 "There is, however, limited data on the optimal  
 9 timing of gender-affirming interventions as well as  
 10 the long-term physical, psychological, and 01:09:01  
 11 neurodevelopmental outcomes in youth."  
 12 A. Yes.  
 13 Q. And do you agree with this statement?  
 14 A. I'm not quite sure what they mean in terms  
 15 of "limited data on the optimal timing," just 01:09:26  
 16 because I view it that the optimal timing is  
 17 different for different patients. But -- but, you  
 18 know, I agree that -- certainly that there's  
 19 limited data on long-term physical, psychological,  
 20 and neurodevelopmental outcomes to youth. 01:09:48  
 21 Q. Okay. And do you agree that the impact of  
 22 pubertal suppression on brain development is not  
 23 well known but could be of concern?  
 24 MR. SELDIN: Object to form.  
 25 THE WITNESS: So I think that it -- when 01:10:08

1 that further research on this would be -- would be  
 2 useful.  
 3 Q. BY MR. HILDABRAND: Did you publish a  
 4 study in 2017 on vaginoplasties performed on  
 5 minors? 01:12:01  
 6 A. Yes.  
 7 Q. And was that a study done with your  
 8 colleague Milrod?  
 9 A. Yes.  
 10 Q. And the WPATH Standards of Care Version 7 01:12:13  
 11 were the standards in effect at the time of that  
 12 2017 paper; is that right?  
 13 A. Yes.  
 14 Q. And those -- and the WPATH Standards of  
 15 Care Version 7 did not allow vaginoplasties on 01:12:26  
 16 minors, right?  
 17 A. Right. They -- their recommended age  
 18 was -- was 18. But, you know, it was a set of  
 19 guidelines, and so we did -- we sought out -- even  
 20 though neither Dr. Milrod or I had had any patients 01:12:49  
 21 have vaginoplasties under 18, we surveyed basically  
 22 all the surgeons that did vaginoplasties with WPATH  
 23 to find out their -- their experience over the  
 24 course of their careers, really.  
 25 Q. In the study, did you and your colleague 01:13:10

1 one says "could be of concern," I think it's  
 2 something that, you know, is worth continued  
 3 exploration.  
 4 I don't think that there has been any of  
 5 the papers I have written -- any of the papers that 01:10:24  
 6 I've read -- sorry about that -- that clearly show  
 7 what the, you know, cognitive impact may or may not  
 8 be.  
 9 Q. BY MR. HILDABRAND: So kind of look at the  
 10 first part of what I asked you there. 01:10:45  
 11 Do -- do you agree that the impact of  
 12 pubertal suppression on brain development is not  
 13 well known?  
 14 MR. SELDIN: Object to form. Asked and  
 15 answered. 01:10:58  
 16 THE WITNESS: So if -- yeah. If that  
 17 question were asked if there is any neurocognitive  
 18 impact, whether that's known, I would say no.  
 19 I would -- I would say that there are many  
 20 trans youth that I take care of who have done very 01:11:21  
 21 well cognitively and probably better than if they  
 22 hadn't received care. Because depression and  
 23 emotional distress can also impair cognitive  
 24 development.  
 25 And so -- so I -- but I do agree that -- 01:11:42

1 hear that at least one minor received a  
 2 vaginoplasty at age 15?  
 3 A. Yeah. My colleague heard that that was  
 4 the case.  
 5 Q. Did you or your colleague -- I'll say, and 01:13:23  
 6 vaginoplasties are quite unusual at age 15; is that  
 7 right?  
 8 A. Yes.  
 9 Q. Did you or your colleague report that  
 10 surgeon to a medical board for further 01:13:35  
 11 investigation?  
 12 MR. SELDIN: Object to form.  
 13 THE WITNESS: No. I don't even know who  
 14 that surgeon is, because of the -- my colleague  
 15 collected the data, but it was anonymized, 01:13:53  
 16 basically, before -- before I saw it. So I don't  
 17 know which -- which surgeon that was. It could  
 18 have, you know, been 20 years earlier for all I  
 19 know.  
 20 Q. BY MR. HILDABRAND: Did your colleague see 01:14:06  
 21 the nonanonymized data or conduct the interviews?  
 22 A. Yes.  
 23 Q. Do you think governments should ever ban  
 24 treatments?  
 25 MR. SELDIN: Object to form. 01:14:20

1 THE WITNESS: To ban any treatment? So I  
 2 think that -- that there -- there can be treatments  
 3 that are happening that -- that are very clearly  
 4 shown to be harmful without any supported benefit,  
 5 where -- you know, where that could be a 01:15:08  
 6 possibility.

7 My general inclination has been that --  
 8 that medical boards should be the primary people  
 9 looking at, you know, when -- when someone  
 10 practices outside of the standard of care, outside 01:15:31  
 11 of kind of community standards.

12 Q. BY MR. HILDABRAND: So is your standard  
 13 that government should only step in to ban  
 14 treatments when a treatment is very clearly harmful  
 15 and without any supported benefit? 01:15:45

16 MR. SELDIN: Object to form.

17 THE WITNESS: Well, that is where I could  
 18 see that be -- where I could see it be -- you know,  
 19 where I could see it being justifiable.

20 Q. BY MR. HILDABRAND: And do you think 01:16:08  
 21 conversion therapy should be banned?

22 MR. SELDIN: Object to form.

23 THE WITNESS: So I've not been someone at  
 24 the -- at the forefront of conversion therapy bans.

25 But given that there's data showing it to be 01:16:31

1 harmful and that there have been many decades of  
 2 data showing it not to be helpful, you know, you  
 3 could go back to Daniel Brown in 1960, a military  
 4 psychiatrist who had spent time doing some research  
 5 at UCLA. 01:16:53

6 But he published in 1960 that he had never  
 7 seen a transgender -- or no, that there's no  
 8 evidence, that no one has ever seen, basically, in  
 9 the literature as to that time someone change their  
 10 gender identity with psychotherapy. And he was 01:17:10  
 11 referring to adults who were being treated at that  
 12 time.

13 But -- but, you know, you could go back to  
 14 that and then -- you know, since then, where there  
 15 have been surveys showing mental health outcomes in 01:17:30  
 16 people who have been subjected to conversion  
 17 therapy.

18 So I think that that is -- you know, may  
 19 fall under, you know, that there's clearly no  
 20 benefit and evidence that it is harmful. But -- 01:17:51  
 21 but I've -- I've tended to -- my belief has tended  
 22 to be that -- that those bans are more -- it should  
 23 be more the province of licensing boards as opposed  
 24 to things like state criminal penalties.

25 Q. BY MR. HILDABRAND: Do you agree that 01:18:27

1 there should not be state civil penalties apart  
 2 from medical board regulations for conducting  
 3 conversion therapy?

4 MR. SELDIN: Object to form.

5 THE WITNESS: I haven't really thought it 01:18:41  
 6 through that much, but I do -- I just -- maybe just  
 7 a little libertarian streak or something, where I  
 8 do have caution about government overreach, you  
 9 know, into even, like, the therapy room.

10 Q. BY MR. HILDABRAND: Is conversion therapy 01:19:12  
 11 something that healthcare providers can perform for  
 12 prepubertal minors?

13 MR. SELDIN: Object to form.

14 THE WITNESS: Well, no, not according to  
 15 certainly the law in some places. I do think that 01:19:44  
 16 some practitioners -- some people who have been  
 17 accused of conversion therapy in minors have said  
 18 that what they're doing is not conversion therapy.  
 19 And so that's, you know, kind of a matter of  
 20 discussion as to whether -- whether it is or isn't. 01:20:04

21 Q. BY MR. HILDABRAND: So what do you  
 22 understand conversion therapy to mean?

23 A. So conversion therapy is when the  
 24 therapist is taking a stance upfront that a goal of  
 25 treatment is to -- to change or keep the person 01:20:22

1 from being a lesbian or being transgender, and that  
 2 that -- that is really kind of baked into the --  
 3 into the therapy.

4 Q. Is it your understanding that Dr. Zucker  
 5 used to encourage prepubescent patients to identify 01:20:52  
 6 as their birth sex?

7 MR. SELDIN: Object to form.

8 THE WITNESS: Yes.

9 Q. BY MR. HILDABRAND: And do you consider  
 10 that practice conversion therapy? 01:21:04

11 A. I have not rushed into -- I was not coming  
 12 to conclusions that he was a conversion therapist,  
 13 because I know that was something that he was  
 14 accused of and that was banned by the Province of  
 15 Ontario and that he asserted that he was not doing 01:21:33  
 16 conversion therapy. And, you know, that was -- you  
 17 know, that controversy does exist.

18 I -- I would say that there really isn't  
 19 evidence that his psychotherapeutic intervention to  
 20 try to realign somebody with their birth sex is 01:22:01  
 21 effective and there is evidence of harm.

22 There is a fairly famous case out of UCLA  
 23 where Lovaas and Rekers did a study. Rekers was  
 24 the psychology post doc, I believe, who kind of led  
 25 the effort, and Lovaas was a pioneer in treating 01:22:34

1 autism at UCLA.  
 2 And they had a patient that they reported  
 3 on as a success of realigning someone with their  
 4 birth sex. That person came to UCLA as a feminine  
 5 boy. 01:23:02  
 6 He was probably prehomosexual the entire  
 7 time, had some really abusive treatment encouraged  
 8 by the therapist by his father, and made a suicide  
 9 attempt during treatment that was not reported.  
 10 They did publish it as a great success. 01:23:22  
 11 And later the patient committed suicide --  
 12 identified as a gay man, not -- so in that sense,  
 13 maybe it was a success -- although the people who  
 14 didn't get therapy in that study identified largely  
 15 as gay men as well -- committed suicide. 01:23:44  
 16 And then the parents sued and brought it  
 17 to the ABC 20/20 show, so it got a lot of publicity  
 18 many years after the fact after George Rekers was  
 19 arrested with a male -- or caught with a male  
 20 escort. 01:23:59  
 21 And it was, you know, shown that this  
 22 person who was kind of behind this work was -- was  
 23 somewhat hypocritical with their anti-LGBT views.  
 24 And I think that publicity brought the family many  
 25 years after the fact to bring it out into the 01:24:17

1 about that.  
 2 Q. BY MR. HILDABRAND: Yeah. So I'd  
 3 appreciate it. So you'd agree it's inappropriate  
 4 for a medical researcher to lie about the data that  
 5 they are publishing, right? 01:25:45  
 6 A. Yes.  
 7 MR. SELDIN: Object to form.  
 8 THE WITNESS: Yes.  
 9 Q. BY MR. HILDABRAND: And you agree that  
 10 it's inappropriate for a medical researcher to 01:25:51  
 11 choose not to publish results simply because they  
 12 do not support a preferred treatment approach of  
 13 the medical provider?  
 14 MR. SELDIN: Object to form.  
 15 THE WITNESS: Well, there's a lot of 01:26:06  
 16 research that isn't -- isn't published. And there  
 17 is certainly more research that doesn't find an  
 18 outcome either way that doesn't get published. So  
 19 I'm not going to speculate on the motives of every  
 20 person where that's happened. 01:26:23  
 21 Q. BY MR. HILDABRAND: You would not refuse  
 22 to publish research simply because it does not  
 23 support your preferred medical treatment practices;  
 24 is that right?  
 25 MR. SELDIN: Object to form. 01:26:35

1 public.  
 2 But if you look at the publication, that  
 3 was like -- that was providing that the work  
 4 that -- that was kind of the intellectual  
 5 foundation for -- for Ken Zucker's work. 01:24:28  
 6 And -- and so clearly you can have harm,  
 7 and I haven't seen any published evidence of  
 8 benefit.  
 9 Q. All right. So just two quick follow-ups.  
 10 So first, you'd agree that it's 01:24:45  
 11 inappropriate for a doctor not to publish results  
 12 that -- simply because they disagreed with whether  
 13 the results would help the form of treatment that  
 14 they prefer?  
 15 MR. SELDIN: Object to form. 01:25:02  
 16 THE WITNESS: Well, now I think we're  
 17 going to a different subject. But if we're talking  
 18 about this case, they did publish it. They just  
 19 kind of lied when they published it. And that led  
 20 to two young gender-nonconforming people getting 01:25:14  
 21 harmful treatment and treatment that, in retrospect  
 22 in large surveys, have been connected with mental  
 23 health harm and which never showed benefit.  
 24 But, you know, if you're -- if you're  
 25 referring to a different subject, I'm happy to talk 01:25:34

1 THE WITNESS: So that's kind of a big  
 2 hypothetical, but I have, you know, published or  
 3 been involved in publication of research where, you  
 4 know, there were some findings that were  
 5 interesting and there were other kind of hopeful 01:26:50  
 6 findings that didn't materialize. This is not in  
 7 the gender world. This has to do with depression  
 8 treatment.  
 9 So, you know -- but the -- what I can say  
 10 about being in -- particularly about my experience 01:27:09  
 11 doing randomized clinical trials with depression  
 12 treatment is that there are a lot of variables that  
 13 can come into play that are unexpected.  
 14 Even with randomization, you don't always  
 15 end up with two equal groups, and that sometimes 01:27:29  
 16 you don't get the kind of clarity of information  
 17 that you're -- you're seeking.  
 18 I don't think I can talk, though, about  
 19 all hypotheticals. I'm talking about my  
 20 experience. 01:27:50  
 21 Q. BY MR. HILDABRAND: Yeah. So before you  
 22 go down that, just to clarify an earlier line of  
 23 questioning, I was asking you about Dr. Zucker.  
 24 Do you mind just explaining -- since I  
 25 think we both have some understanding of who he is, 01:28:00

1 but do you mind just explaining just very briefly  
 2 who Dr. Zucker is?  
 3 A. Sure.  
 4 MR. SELDIN: Object to form.  
 5 THE WITNESS: So Dr. Zucker is a 01:28:07  
 6 psychologist who for many years was at University  
 7 of Toronto, and his clinic along with the adult  
 8 clinic at University of Toronto were the kind of  
 9 sole assessors from the province of Ontario for --  
 10 for his clinic's transgender youth and for the 01:28:33  
 11 adult clinic for adults. And so he -- he had that  
 12 role for many years.  
 13 And then after a -- after the province of  
 14 Ontario passed an anti-conversion therapy law, he  
 15 was accused of conversion therapy. And even though 01:29:02  
 16 there was not a finding that he was practicing  
 17 conversion therapy, they decided to close his  
 18 clinic anyway.  
 19 Q. BY MR. HILDABRAND: And did Dr. Zucker --  
 20 was he a coauthor of the WPATH Standards of Care 01:29:20  
 21 Version 7?  
 22 A. Yes.  
 23 Q. He was not an author of the WPATH  
 24 Standards of Care Version 8?  
 25 A. Yes. 01:29:31

1 political climate that the -- the article might  
 2 come out in. But again, that was just my take  
 3 reading --  
 4 Q. BY MR. HILDABRAND: Gotcha.  
 5 A. -- reading the article. 01:31:17  
 6 Q. We can ask Dr. Olson-Kennedy someday.  
 7 A. Yeah. Exactly. You'll have the  
 8 opportunity to get that much more directly than me.  
 9 Q. Let's turn back, then, to what you wrote.  
 10 Let's go to paragraph 59 in your declaration. This 01:31:27  
 11 is on page 17, paragraph 59.  
 12 You write that "Gender-affirming medical  
 13 interventions in accordance with the WPATH SOC 8  
 14 and Endocrine Society Guideline are widely  
 15 recognized in the medical community as safe, 01:31:50  
 16 effective, and medically necessary for many  
 17 adolescents with gender dysphoria," right?  
 18 A. Yes.  
 19 Q. And your first citation here is to the  
 20 American Academy of Pediatrics, 2018, right? 01:32:02  
 21 A. Yes.  
 22 Q. And to be clear, the American Academy of  
 23 Pediatrics has not endorsed WPATH Standards of Care  
 24 Version 8?  
 25 MR. SELDIN: Object to form. 01:32:14

1 Q. Have you seen -- there's an article in  
 2 the New York Times this past week about  
 3 Dr. Olson-Kennedy.  
 4 Did you see that article?  
 5 A. I did see that article. 01:29:45  
 6 Q. Would it be appropriate for  
 7 Dr. Olson-Kennedy to refuse to publish data  
 8 about the effects of puberty blockers solely  
 9 because the data would not support prescribing  
 10 puberty blockers as a treatment for gender 01:30:03  
 11 dysphoria?  
 12 MR. SELDIN: Object to form.  
 13 THE WITNESS: So I was a little -- I was a  
 14 little puzzled by the article just because that  
 15 group has published a bunch, and they've also 01:30:13  
 16 presented their data regularly, including the WPATH  
 17 conference in Lisbon and in Montreal.  
 18 I don't know about the framing of the  
 19 article, and so I'm hesitant, having not talked  
 20 with Dr. Olson-Kennedy, to really, you know, pass 01:30:35  
 21 judgment in some way.  
 22 But I -- also, I didn't read it as that  
 23 she was refusing to publish it but that they -- you  
 24 know, that this was -- that certainly that they  
 25 were, you know, concerned about the current 01:31:01

1 THE WITNESS: No. I don't know what they  
 2 may have said in any amicus briefs or otherwise.  
 3 But actually, some of these citations -- maybe it  
 4 would be more accurate to say gender-affirming  
 5 medical interventions in accordance with WPATH 01:32:36  
 6 standards of care, because, of course, the 2018  
 7 citation was when Standards of Care 7 was -- was in  
 8 effect.  
 9 And -- and so -- but I'm not -- I wasn't  
 10 talking about necessarily a formal endorsement by 01:32:55  
 11 the organizations. Some of the organizations have  
 12 recognized standards of care in documents like  
 13 amicus briefs.  
 14 But also in the publications of the  
 15 different organizations, they've made reference to 01:33:17  
 16 the standards of care and Endocrine Society  
 17 guidelines in terms of recommendations and practice  
 18 guidelines.  
 19 Q. BY MR. HILDABRAND: And just to be clear,  
 20 all of the citations you provided here other than 01:33:32  
 21 WPATH 2022 predate the publication of WPATH  
 22 Standards of Care Version 8?  
 23 A. Right. And so in that case, it really  
 24 should have just been WPATH standards of care and  
 25 not W -- and not SOC8. I think that's an error in 01:33:46

1 that -- in that statement.  
 2 Q. Gotcha. And the American Academy of  
 3 Pediatrics has not formally endorsed the WPATH  
 4 Standards of Care Version 8, right?  
 5 MR. SELDIN: Objection to form. 01:34:04  
 6 THE WITNESS: It would be unusual to have  
 7 a formal endorsement. But many -- many  
 8 organizations have referenced the WPATH standards  
 9 of care, as I said, in amicus briefs and also in  
 10 their own clinical guidelines as it relates to the 01:34:26  
 11 care of transgender people.  
 12 Q. BY MR. HILDABRAND: But am I correct that  
 13 you don't cite any formal endorsement by the  
 14 American Academy of Pediatrics --  
 15 A. Right. 01:34:39  
 16 Q. -- of WPATH Standards of Care Version 8?  
 17 A. Yes.  
 18 Q. And am I correct that you do not cite any  
 19 formal endorsements of the WPATH Standards of Care  
 20 Version 8 by the American Medical Association? 01:34:48  
 21 A. Yes.  
 22 Q. So shortly after the publication of WPATH  
 23 Standards of Care Version 8, you testified at trial  
 24 in the Brandt case in Arkansas; is that right?  
 25 A. Yes. So let's see. The Brandt case, it 01:35:06

1 professional groups," right?  
 2 A. Yes.  
 3 Q. And your answer to that question was,  
 4 "Yes. Many large mainstream medical and mental  
 5 health organizations recognize the WPATH Standards 01:37:05  
 6 of Care in different ways as an authority and  
 7 practice guidelines for transgender health."  
 8 Is that your testimony?  
 9 A. Yes. Yes.  
 10 Q. And then you're asked the question, "Could 01:37:17  
 11 you name some of those organizations?"  
 12 And your answer was, "Sure. The American  
 13 Psychiatric Association that I'm part of, the  
 14 American Psychological Association, American  
 15 Medical Association, the American Academy of  
 16 Pediatrics are some of the many organizations that  
 17 recognize the WPATH Standards of Care."  
 18 Is that what you testified?  
 19 A. Yes.  
 20 Q. When you say "recognized" here, you do not 01:37:39  
 21 mean formally endorse; is that correct?  
 22 A. Yes.  
 23 Q. With your declaration in this case, did  
 24 you include an Exhibit B, bibliography? And feel  
 25 free to look at it. This is Exhibit 1. 01:38:20

1 looks like the testimony was October 17th, 2022,  
 2 and Standards of Care 8 -- just trying to think of  
 3 what the date was, but it was -- they were close.  
 4 Q. They were close. Let's look at the  
 5 transcript there. So let's look at the transcript 01:35:28  
 6 from the trial. I think that was Exhibit 9.  
 7 Do you see on the first page it says  
 8 October 17, 2022?  
 9 A. Yes.  
 10 Q. So that would have been right after -- 01:35:54  
 11 A. Right after, yes.  
 12 Q. Sorry. Just to be clear, October 17,  
 13 2022, would have been slightly after the  
 14 publication of the WPATH Standards of Care  
 15 Version 8? 01:36:10  
 16 A. Yes.  
 17 Q. All right. Just making sure this is what  
 18 you testified to here.  
 19 So let's go to page 34 and, actually, the  
 20 last line on page 33. Your answer to a question 01:36:39  
 21 was that "I would say especially the WPATH  
 22 Standards of Care." Because we're talking about  
 23 the WPATH standards of care here.  
 24 And the question you were asked at 2 to 3  
 25 was, "Are they recognized as best practices by any 01:36:55

1 MR. SELDIN: Right here.  
 2 THE WITNESS: Yes.  
 3 Q. BY MR. HILDABRAND: If you want to turn to  
 4 it. It's around docket page 44 in here.  
 5 A. Yes. 01:38:42  
 6 Q. So this bibliography includes, among other  
 7 sources, some letters and position statements by  
 8 organizations mentioned in your declaration; is  
 9 that right?  
 10 A. Yes. 01:38:50  
 11 Q. Not all of the documents in Exhibit B were  
 12 peer-reviewed publications, right?  
 13 A. Meaning the -- well, I mean, the articles  
 14 were peer reviewed, but some of the policy  
 15 statements could just have been, you know, the 01:39:07  
 16 policy statements of the organization.  
 17 Q. Right. So is one example the American  
 18 Medical Association's 2012 letter to the National  
 19 Governor's Association, that was not a  
 20 peer-reviewed publication, right? 01:39:22  
 21 A. Right. But my understanding is at least  
 22 from the workings of the American Psychiatric  
 23 Association, that when they do put forward a  
 24 position of public statement, that it is consistent  
 25 with their -- the -- what's previously been 01:39:41

1 approved by the organization.  
 2 Q. And another one I just wanted to ask about  
 3 is the Williams Institute 2022 publication.  
 4 A. So -- I'm sorry. Where's that?  
 5 Q. Well, I think you reference somewhere. 01:40:18  
 6 I'm sure we'll see it here.  
 7 A. You mean Herman?  
 8 Q. Yes. There we go. Thank you.  
 9 Was that a peer-reviewed publication?  
 10 A. I don't recall. That may well just be a 01:40:36  
 11 self-publication of their own survey. But I don't  
 12 know if they've published it in any form.  
 13 Q. It looks like it was published at the  
 14 williamsinstitute.law.ucla.edu website.  
 15 A. Okay. 01:40:55  
 16 Q. Is that right?  
 17 A. Yeah. Looks like it, yes.  
 18 Q. Was there also -- did WPATH also publish a  
 19 medical necessity statement in 2016?  
 20 A. Yes. 01:41:18  
 21 Q. Was that a peer-reviewed publication?  
 22 A. No.  
 23 Q. Was that simply constituting the  
 24 professional and clinical opinions of the signers?  
 25 MR. SELDIN: Object to form. 01:41:28

1 A. Yes.  
 2 Q. What is the American Society of Plastic  
 3 Surgeons?  
 4 A. They are a professional organization of  
 5 American plastic surgeons. 01:43:15  
 6 Q. Am I correct that you do not mention the  
 7 American Society of Plastic Surgeons in your  
 8 declaration as a group that has supported the WPATH  
 9 Standards of Care Version 8?  
 10 A. No, I did not. 01:43:30  
 11 Q. Am I correct that you don't mention the  
 12 American Society of Plastic Surgeons anywhere in  
 13 your declaration; is that right?  
 14 A. No.  
 15 Q. And just for clarity -- and I see you 01:43:46  
 16 smiling there -- you did not mention the American  
 17 Society of Plastic Surgeons in your declaration.  
 18 Is it correct that you did not mention the  
 19 American Society of Plastic Surgeons in your  
 20 declaration? 01:44:03  
 21 A. Yes, it is correct.  
 22 Q. Okay. Thank you.  
 23 MR. HILDABRAND: I will enter this, as I  
 24 think we are on Exhibit 13. And one more.  
 25 (Reporter marked Exhibit Number 13 01:44:16

1 THE WITNESS: Yes, yes.  
 2 Q. BY MR. HILDABRAND: And you're one of the  
 3 authors of the 2016?  
 4 A. Yes. It was a product of the board of  
 5 directors at the time, and I was on the board. 01:41:37  
 6 MR. HILDABRAND: I'll give you a copy of  
 7 that right here. I'll enter that as -- I think  
 8 we're on Exhibit 12. Enter this as Exhibit 12.  
 9 (Reporter marked Exhibit Number 12  
 10 for identification.) 01:42:15  
 11 Q. BY MR. HILDABRAND: Is this an accurate  
 12 copy of the 2016 "Position Statement on Medical  
 13 Necessity of Treatment, Sex Reassignment, and  
 14 Insurance Coverage in the U.S.A."?  
 15 A. Yes. 01:42:26  
 16 Q. Let's turn toward the end of the document,  
 17 so the last page before you get the list of signers  
 18 here.  
 19 Do you see where it says, "Professional  
 20 associations that have issued statements in support 01:42:47  
 21 of the WPATH standards of care include," and then  
 22 it has a list of medical organizations there?  
 23 A. Yes.  
 24 Q. And is the second-to-the-last organization  
 25 mentioned the American Society of Plastic Surgeons? 01:43:01

1 for identification.)  
 2 Q. BY MR. HILDABRAND: Have you seen this  
 3 document before?  
 4 A. Yes.  
 5 Q. Is this a statement that the American 01:44:45  
 6 Society of Plastic Surgeons published on August  
 7 14th, 2024?  
 8 A. Yes.  
 9 Q. So this statement was published a week  
 10 before you signed your declaration, correct? 01:44:57  
 11 A. If that was -- was that August 20 -- I'd  
 12 have to --  
 13 Q. Feel free to refer to your declaration if  
 14 you want.  
 15 (Discussion off the record.) 01:45:08  
 16 THE WITNESS: Yeah. It was one week  
 17 before, yes.  
 18 Q. BY MR. HILDABRAND: Are you aware that the  
 19 American Society of Plastic Surgeons has not  
 20 endorsed any organization's practiced 01:46:02  
 21 recommendations for the treatment of adolescents  
 22 with gender dysphoria?  
 23 A. That's what they said, yes.  
 24 Q. And the American Society of Plastic  
 25 Surgeons currently understands that there's 01:46:17

1 "considerable uncertainty as to the long-term  
 2 efficacy for the use of chest and genital surgical  
 3 interventions for the treatment of adolescents with  
 4 gender dysphoria"; is that correct?  
 5 A. That's what they state. I mean, 01:46:33  
 6 certainly, you know, as we talked about, they're  
 7 not doing genital surgical interventions on  
 8 adolescents. It really comes down to chest surgery  
 9 for transmasculine youth, where I would disagree in  
 10 terms of uncertainty about even long-term efficacy, 01:46:53  
 11 you know.  
 12 It was Bruce, et al., that -- where they  
 13 looked at thirty-year experience chest surgery.  
 14 The median age was young adults, but where there  
 15 was very high satisfaction over that 30 years of 01:47:23  
 16 experience.  
 17 And so -- so, you know, it's -- I don't  
 18 think there's an absence of -- you know, of data.  
 19 But I do agree that there is an absence of data on  
 20 genital surgical interventions, because those are 01:47:44  
 21 not done -- typically done.  
 22 Q. All right. And you agree that a  
 23 vaginoplasty is a genital surgical intervention?  
 24 A. Yes.  
 25 Q. And as shown with your 2017 article, some 01:47:57

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1 wants them to have surgery before starting in the  
 2 dorms as a freshman, that one could come up with  
 3 scenarios, which I think were probably the majority  
 4 of the times that that was done in the past.  
 5 But it hasn't come up in my -- in my 01:49:53  
 6 practice. And even in that scenario, there have  
 7 been decisions that -- for example, that the  
 8 patient might have surgery scheduled for the summer  
 9 after the first year of school.  
 10 Q. BY MR. HILDABRAND: And just one last 01:50:12  
 11 question about this.  
 12 The ASPS currently understands that the  
 13 existing evidence base for chest and genital  
 14 surgical interventions for the treatment of  
 15 adolescents with gender dysphoria is low 01:50:24  
 16 quality/low certainty; is that correct?  
 17 MR. SELDIN: Object to form.  
 18 THE WITNESS: Well, that was the statement  
 19 that they -- that they released.  
 20 Q. BY MR. HILDABRAND: WPATH's membership 01:50:40  
 21 includes some lawyers as voting members; is that  
 22 correct?  
 23 A. Yes. There are a handful of -- of lawyers  
 24 or legal scholars who are in WPATH.  
 25 Q. And you were the chair of the mental 01:50:55

1 surgeons in the United States have performed  
 2 vaginoplasties on minors as a treatment for gender  
 3 dysphoria?  
 4 A. I think a handful have. I'm not aware of  
 5 surgeons who are currently doing that, just because 01:48:14  
 6 I have minor patients who have reached out to the  
 7 offices of quite a number of surgeons, asking if  
 8 they have a minimum age of 18. And the response  
 9 they've heard back is yes. And so -- and none of  
 10 my patients have -- have received treatment for 01:48:35  
 11 that.  
 12 But our study did find that there were  
 13 some surgeons who had reported at some point having  
 14 done surgery on people under 18.  
 15 Q. But you agree that the current standards 01:48:50  
 16 of the United States is not to perform  
 17 vaginoplasties on minors as a treatment for gender  
 18 dysphoria?  
 19 MR. SELDIN: Object to form.  
 20 THE WITNESS: I would agree that -- that 01:49:04  
 21 that is standard practice. You know, one could  
 22 make the argument, as some surgeons did in the 2017  
 23 paper, that someone who is very -- very mature --  
 24 very mature and transitioned a long time ago and  
 25 they're 17 and going away to college and the family 01:49:30

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1 health chapter for WPATH's Standards of Care  
 2 Version 8, right?  
 3 A. Yes.  
 4 Q. You cannot speak to whether the people  
 5 involved in drafting WPATH Standards of Care 01:51:04  
 6 Version 8 outside of your chapter were experts?  
 7 MR. SELDIN: Object to form.  
 8 THE WITNESS: So I can't speak to -- to  
 9 every member of Standards of Care 8, only those in  
 10 my chapter. But the process to join a chapter was 01:51:20  
 11 really meant to try to find the experts in the  
 12 field.  
 13 However, each chapter also had a  
 14 representative appointed in addition to that  
 15 process, that -- a kind of community representative 01:51:44  
 16 of sorts. But in our chapter, that person was a  
 17 psychotherapist and certainly very valuable. Even  
 18 though they weren't an academician in transgender  
 19 care, they provided valuable perspective.  
 20 Q. BY MR. HILDABRAND: And you do not know 01:52:12  
 21 how the other chapter committees selected the  
 22 studies they cited in their chapters; is that  
 23 correct?  
 24 MR. SELDIN: Object to form.  
 25 THE WITNESS: That's correct. Each 01:52:23

1 chapter worked independently. We saw the Delphi  
 2 statements, and then we didn't see the chapter as a  
 3 whole until it was released publicly.  
 4 Q. BY MR. HILDABRAND: And so your experience  
 5 with the WPATH Standards of Care Version 8 was 01:52:34  
 6 really contained to the chapter that you were the  
 7 chapter lead on and voting -- in voting for Delphi  
 8 statements; is that correct?  
 9 MR. SELDIN: Object to form.  
 10 THE WITNESS: Yes. 01:52:44  
 11 MR. SELDIN: And, Mr. Hildabrand, it's  
 12 been about an hour, but I am not sure where you are  
 13 in this line.  
 14 MR. HILDABRAND: I think it is a great  
 15 place to stop. Let's go off the record. 01:52:51  
 16 THE VIDEOGRAPHER: We're off the record.  
 17 The time is 1:52 p.m.  
 18 (A recess was taken.)  
 19 THE VIDEOGRAPHER: We're now on the  
 20 record. The time is 2:01 p.m. 02:02:17  
 21 Q. BY MR. HILDABRAND: Did you discuss  
 22 anything with counsel during the break?  
 23 A. No.  
 24 Q. Great.  
 25 MR. HILDABRAND: I am going to introduce 02:02:30

1 A. Yes.  
 2 Q. And stakeholders provided feedback on the  
 3 publicly-released draft of the WPATH Standards of  
 4 Care Version 8 from November 2021 to January 2022,  
 5 correct? 02:04:26  
 6 A. Yes.  
 7 Q. And WPATH Standards of Care Version 8 was  
 8 finalized by the chair and cochairs on June 10th,  
 9 2022, correct?  
 10 A. Yes. 02:04:37  
 11 Q. And there were no major edits to the WPATH  
 12 Standards of Care Version 8 after it was finalized  
 13 by the chair and cochairs on June 10th, 2022,  
 14 correct?  
 15 A. Well, I didn't see it from the time of 02:04:50  
 16 the -- from the -- I didn't see it in its  
 17 entirely -- entirely from the release of its  
 18 public -- the public release of this draft until  
 19 its publication. So I can't -- I can't say when  
 20 revisions after public comment actually happened. 02:05:21  
 21 Q. You were -- you were the chair of the  
 22 chapter on mental health, right?  
 23 A. Yes.  
 24 Q. So did you review the June 10th -- sorry.  
 25 Did you review the version of the WPATH 02:05:37

1 Exhibit 14.  
 2 (Reporter marked Exhibit Number 14  
 3 for identification.)  
 4 Q. BY MR. HILDABRAND: Did you create a  
 5 supplemental declaration in the Voe v. Mansfield 02:02:57  
 6 case?  
 7 A. Yes.  
 8 Q. Is this a -- the public version of that  
 9 supplemental declaration?  
 10 A. Yes. 02:03:05  
 11 Q. And if you turn to page 14 of the  
 12 declaration, did you declare under penalty of  
 13 perjury under the laws of the United States of  
 14 America that the foregoing is true and correct?  
 15 A. Yes. 02:03:27  
 16 Q. Let's turn to pages 3 and 4. When you get  
 17 there, do you see paragraph 10?  
 18 A. Paragraph 10 on page 3?  
 19 Q. Yes.  
 20 A. Yes. 02:03:56  
 21 Q. And it also goes on to page 4, right?  
 22 A. Yes.  
 23 Q. Does paragraph 10 accurately reflect the  
 24 timeline for the development of the WPATH Standards  
 25 of Care Version 8? 02:04:15

1 Standards of Care Version 8 that was finalized on  
 2 June 10, 2022?  
 3 A. I only reviewed the final draft of my  
 4 chapter. So, you know, we know of that timeline  
 5 from the timeline provided by the editors. But for 02:05:57  
 6 most of the process, each chapter chair worked on  
 7 their -- on their chapter.  
 8 And -- and so in terms of the June 10th,  
 9 I -- I'm not sure of the exact date. But in  
 10 that -- in that time period, you know, I had -- 02:06:21  
 11 actually, probably before that, I had word that our  
 12 chapter had been approved in its -- in its final  
 13 draft.  
 14 Q. So you did not see -- outside of your  
 15 chapter, you did not see the version of the WPATH 02:06:37  
 16 Standards of Care Version 8 that was finalized on  
 17 June 10th, 2022, right?  
 18 A. That's correct.  
 19 Q. And your chapter was the mental health  
 20 chapter. That was Chapter 18, right? 02:06:56  
 21 A. Yes.  
 22 Q. Did you edit any other chapters?  
 23 A. No.  
 24 Q. Did you draft a medical necessity  
 25 statement that went into Chapter 2 on global 02:07:10

1 applicability?  
 2       A. I provided input into a medical necessity  
 3 statement. I -- I was asked to provide and put on  
 4 that, given my experience as a board member. And  
 5 as a board member, we -- we had approved that   02:07:33  
 6 previous statement on medical necessity and also  
 7 had a discussion that -- that a new version of it  
 8 should be in Standards of Care 8.  
 9       Q. Did you provide any edits for the medical  
 10 necessity statement for WPATH Standards of Care   02:07:52  
 11 Version 8?  
 12       A. Yes. I -- I provided my input into it. I  
 13 don't recall all of the input, but -- but I did  
 14 provide input into the medical necessity statement  
 15 in -- in standards of care, which was not in my --   02:08:10  
 16 in my chapter.  
 17       Q. What do you mean by "input," just so I  
 18 understand what you mean here?  
 19       A. I don't remember the details, but I think  
 20 I was asked by Eli Coleman who was involved along   02:08:28  
 21 with the global applicability chapter that that  
 22 section was in in terms of -- in terms of having  
 23 that -- that portion in that chapter. And so I was  
 24 asked for input, and I provided input.  
 25       Q. And -- sorry. What -- what do you mean by   02:08:54

1 statement?  
 2       A. This seems like a comment by one of the  
 3 people who is commenting on -- on it.  
 4       MR. SELDIN: And I'll just note for the  
 5 record, Counsel, that this exhibit contains   02:11:52  
 6 redactions, I assume, that are original redactions  
 7 from the filing?  
 8       MR. HILDABRAND: This is the -- this is  
 9 the redactions from the version that was filed on  
 10 the docket on October 9th, 2024.                   02:12:02  
 11       MR. SELDIN: Thank you.  
 12       Q. BY MR. HILDABRAND: Do you see in this  
 13 January 6, 2022, email where it says, "Thank you  
 14 for putting this together. You've done a great job  
 15 with this. Indeed, it is important that such a   02:12:18  
 16 statement is part of the actual SOC"?  
 17       A. Yes.  
 18       Q. Was the 2016 statement not a part of the  
 19 Standards of Care Version 7 itself?  
 20       A. That's correct. There was mention, brief   02:12:32  
 21 mention, of medical necessity in Standards of  
 22 Care 7. It was at a time, I think, where there --  
 23 there was less of an issue because there was less  
 24 insurance coverage in the U.S. as it was being put  
 25 together in that time period of 2009 to 2011.   02:12:53

1 "input"? Do you mean comments? Do you mean edits?  
 2 Did you draft the medical necessity statement?  
 3 What -- what sort of input do you mean?  
 4       MR. SELDIN: Object to form.  
 5       THE WITNESS: So my recollection is that I   02:09:07  
 6 made comments on the draft.  
 7       MR. HILDABRAND: Okay. I'm going to  
 8 introduce another document here, Exhibit 15.  
 9       (Reporter marked Exhibit Number 15  
 10 for identification.)                           02:10:04  
 11       Q. BY MR. HILDABRAND: Does this appear to be  
 12 a summary judgment exhibit filed in the Boe Alabama  
 13 case?  
 14       A. Yes.  
 15       Q. And if you want to turn to -- I think it's   02:10:20  
 16 marked as BOEAL\_WPATH\_126713. I'll provide you the  
 17 page number of the document.  
 18       A. I'm sorry. 1267?  
 19       Q. 13.  
 20       A. 13. Okay.                           02:10:46  
 21       Q. It's going to be marked at the bottom here  
 22 as 75. And feel free to refer to the previous page  
 23 or the next page if you need to.  
 24       But was this an email circulated among  
 25 WPATH members about the medical necessity   02:11:11

1       And -- and so the board put out a  
 2 statement in 2016 about medical necessity. And  
 3 then at that time, the board discussion was that in  
 4 the future that this should just be updated with  
 5 each standards of care.                           02:13:32  
 6       Q. And does the email go on to say that  
 7 'indeed, the original medical necessity statement  
 8 was specific to the U.S. because this is where we  
 9 were experiencing the problem with our obtuse and  
 10 unhealthy system of healthcare coverage, and we   02:13:43  
 11 need a tool for our attorneys to use in defending  
 12 access to care here"?  
 13       A. That's what that comment says.  
 14       Q. Was the original medical necessity  
 15 statement a tool for attorneys to use in defending   02:13:56  
 16 access to care in the United States?  
 17       A. No. You know, I -- I don't know who wrote  
 18 this comment. But it was not so much -- in my  
 19 experience, it was not so much attorneys, but it  
 20 was with -- for example, independent medical   02:14:18  
 21 reviews, they did want to know WPATH's views on the  
 22 medical necessity of individual procedures. And so  
 23 having some specificity about that, I think, was --  
 24 was part of that in terms of my experience.  
 25       But the legal issues over medical           02:14:56

1 necessity didn't really start happening, at least  
 2 my experience, until 2020, 2021 or so when the kind  
 3 of political battles over transgender care started.

4 Q. So is the more recent medical necessity  
 5 statement, was that designed as a tool for 02:15:22  
 6 attorneys to use in defending gender-affirming  
 7 care?

8 MR. SELDIN: Object to form.

9 THE WITNESS: No. I mean, not in -- in my  
 10 view, it was -- you know, there was a decision in 02:15:37  
 11 2016, which was long before these legal actions, to  
 12 have -- try to have a medical necessity statement.  
 13 And there was a decision at that time in the board  
 14 that we should be updating it with -- with the  
 15 standards of care. 02:16:07

16 And -- but that -- all of that  
 17 discussion -- and certainly, you know, there --  
 18 there was -- there were questions of what  
 19 procedures might be medically necessary, what might  
 20 not. But there wasn't the -- this kind of 02:16:22  
 21 political debate until much later.

22 And -- and we had already -- had made the  
 23 decision even back in 2016 that this should be  
 24 included in the standards of care. And it was part  
 25 of the discussion that we had when we had meetings. 02:16:48

1 THE WITNESS: Yes. Yes.

2 Q. BY MR. HILDABRAND: And let's go to --  
 3 it's going to be page 70 in this document here.

4 It's marked at the bottom as BOEAL --  
 5 BOEAL\_WPATH\_126708. 02:18:27

6 Is this an email sent on April 29, 2022,  
 7 that you were a recipient on?

8 A. Yes.

9 Q. And the medical necessity statement had  
 10 passed the Delphi process by April 29, 2022; is 02:18:57  
 11 that correct?

12 A. Yes. That's what it says.

13 Q. All right. Let's go to page 69 now. It  
 14 is right next door.

15 So after the medical necessity statement 02:19:26  
 16 completed the Delphi process, a WPATH author asked  
 17 to remove the word "wishing" because "wishing"  
 18 makes the medical care seem optional, correct?

19 MR. SELDIN: Object to form.

20 THE WITNESS: I see that, you know, in 02:19:50  
 21 the -- in this email that was sent out. I can -- I  
 22 see somebody made that comment.

23 Q. BY MR. HILDABRAND: And you received that  
 24 email, right?

25 A. Yeah. I assume I did, because I can see 02:20:03

1 We had meetings around standards of care  
 2 at the WPATH meeting in Buenos Aires in 2018. And  
 3 this was, you know, part of discussions that I  
 4 recall back then. And so while it could be, you  
 5 know -- certainly WPATH standards of care is being 02:17:18  
 6 used in legal contexts that we wouldn't have  
 7 anticipated when we started doing first Standards  
 8 of Care 7 and then Standards of Care 8.

9 But it -- we didn't do the standards of  
 10 care -- our audience wasn't politicians. It was to 02:17:36  
 11 be putting out a practice guideline for -- for  
 12 clinicians, really.

13 Q. BY MR. HILDABRAND: When were you first  
 14 hired as an expert witness to work on a case where  
 15 plaintiffs have challenged a -- the law regarding 02:17:50  
 16 gender-affirmative care?

17 MR. SELDIN: Object to form.

18 THE WITNESS: It would have been in 2020  
 19 or 2021.

20 Q. BY MR. HILDABRAND: So is it fair to say 02:18:03  
 21 that you were hired as an expert witness to testify  
 22 on behalf of plaintiffs challenging laws regarding  
 23 gender-affirmative care before the publication of  
 24 WPATH Standards of Care Version 8?

25 MR. SELDIN: Object to form. 02:18:15

1 that my name is not redacted, that I was on the  
 2 email list of people involved in the editing of the  
 3 medical necessity statement.

4 Q. Do you see where the individual who sent  
 5 the email asked, "Would it be possible or advisable 02:20:16  
 6 or prudent to replace 'wishing' with 'in need of'  
 7 here"?

8 A. Yes.

9 Q. Do you know if that change was made to the  
 10 medical necessity statement WPATH Standards of Care 02:20:29  
 11 Version 8?

12 A. I don't -- I do not know.

13 Q. Let's turn to --

14 A. I would tell you in, you know, chain  
 15 emails about editing, not this, but, you know, 02:20:41  
 16 papers I've been involved in, that very often it  
 17 seems like somebody would pick out a word and say,  
 18 "I don't like this word. Can we use a different  
 19 word?"

20 Q. All right. Let's turn to pages 65 to 66. 02:20:52  
 21 They're marked BOEAL\_WPATH\_126704 and then -- I'm  
 22 sorry -- 703 and then 704.

23 A. Yes.

24 Q. Is this an email that you sent in May  
 25 2022? 02:21:14

1 A. This -- we're looking on page 65. We're  
 2 looking at a -- an email sent by somebody else that  
 3 quotes me. Says, "Good morning, Dan and everyone."  
 4 So somebody was responding, I think, to  
 5 something that I had -- that I had written. 02:21:37  
 6 Q. Yes. So I see the email up at the top  
 7 that says, "Dan, you write." Then do you see at  
 8 the bottom of page 65 where it says "from: Dan  
 9 Karasic"?  
 10 A. Wait. Where are you talking about? Oh, 02:21:50  
 11 there. Oh, so you're talking about the -- at the  
 12 bottom of 65? Okay.  
 13 Q. Sorry. There's multiple emails and just  
 14 clarifying.  
 15 A. Yes. 02:22:00  
 16 Q. I am talking about the one here that you  
 17 sent.  
 18 A. Yes.  
 19 Q. So you sent this email starting at the  
 20 bottom of page 65 -- 02:22:06  
 21 A. Yes.  
 22 Q. -- and going to the top of page 66?  
 23 A. Let me look on page 66. Yes.  
 24 Q. And you explained in your email that  
 25 establishing medical necessity is central to all 02:22:16

1 MR. SELDIN: Object to form.  
 2 You can answer.  
 3 THE WITNESS: The U.S. Federal Government  
 4 said in 1981 that transgender care was experimental  
 5 and, thus, did not need to be covered and wasn't 02:23:50  
 6 covered by Medicare.  
 7 Q. BY MR. HILDABRAND: And --  
 8 A. And then that did not -- it reversed until  
 9 2014.  
 10 Q. And just to be clear, when you say "trans 02:24:06  
 11 care," are we talking about gender-affirming care?  
 12 A. Yeah. We're talking about medical care  
 13 related to transition.  
 14 Q. And then you go on at the very end of this  
 15 paragraph to say that "the right wing in the U.S. 02:24:26  
 16 is trying to force us back to those years or  
 17 worse."  
 18 A. Yes.  
 19 Q. And is that what you believed, that "the  
 20 right wing in the U.S. is trying to force us back 02:24:34  
 21 to those years or worse"?  
 22 MR. SELDIN: Object to form.  
 23 THE WITNESS: So I'm not a political  
 24 activist, but that was my read on what was  
 25 happening in 2022 and, you know, continues to be 02:24:54

1 healthcare provision in the U.S.?  
 2 A. Yes.  
 3 Q. And you also explained that "currently,  
 4 there are lawsuits in the U.S. trying to reverse  
 5 the position of trans healthcare by asserting that 02:22:29  
 6 it is categorically not medically necessary"?.  
 7 A. Yes. So this was in -- I think in this  
 8 email conversation with the -- the broader chapter  
 9 lead that included the medical necessity statement  
 10 who was from another country, where perhaps medical 02:22:49  
 11 necessity was not part of their -- was not used in  
 12 the same way. So that was -- that was why that  
 13 discussion happened.  
 14 Q. And you also said that "the policy of the  
 15 U.S. Federal Government from 1981 to 2014 was that 02:23:08  
 16 trans care was experimental, not medically  
 17 necessary, which meant that insurance and  
 18 government provision of healthcare was allowed to  
 19 exclude trans care during those years."  
 20 Is that part of what you said here? 02:23:25  
 21 A. That is correct.  
 22 Q. And it is correct that the policy of the  
 23 U.S. Federal Government from 1981 to 2014 was that  
 24 trans care was experimental?  
 25 A. Of the U.S. -- 02:23:36

1 happening, is that transgender care has become  
 2 politicized in a way that is not beneficial to our  
 3 patients.  
 4 It's become a political talking point, a  
 5 way for people to try to win elections. And -- and 02:25:16  
 6 I don't think that is a measured way to determine  
 7 the care that we provide.  
 8 Q. BY MR. HILDABRAND: And so this first  
 9 paragraph that you had here starting with "Thanks,  
 10 this document is an update," and going to "force us 02:25:36  
 11 back to those years or worse," that was your  
 12 explanation for why the medical necessity statement  
 13 had utility in the United States, correct?  
 14 MR. SELDIN: Object to form.  
 15 THE WITNESS: No. So the medical -- 02:25:49  
 16 the -- I was commenting to somebody from another  
 17 part of the world of why people might be passionate  
 18 about this in the United States, yet it seems  
 19 inapplicable in some other parts of the world.  
 20 There -- there is a different environment that 02:26:19  
 21 we're in.  
 22 But the decision to have the medical  
 23 necessity statement focused on insurance  
 24 reimbursement in the U.S. was made by the board.  
 25 And I mentioned that in a previous email in the 02:26:33

1 email chain that we had seen.  
 2 There was a decision in 2016, not only to  
 3 put out the -- the medical necessity statement, but  
 4 that it should be updated with -- with the  
 5 standards of care. 02:26:53  
 6 So this person was either working on the  
 7 global applicability chapter and I think wondering  
 8 why is there this globally applicable when this  
 9 seems kind of America centric. And that was, I  
 10 think, part of my conversation about why they might 02:27:10  
 11 be seeing some passion about this among the  
 12 American members who are commenting, because this  
 13 has become a politicized issue.  
 14 But -- but having the medical necessity  
 15 statement in -- in the standards of care was 02:27:26  
 16 something that was decided long before any of these  
 17 court cases happened.  
 18 Q. BY MR. HILDABRAND: Gotcha. So then you  
 19 went on to say, "So this statement is incredibly  
 20 important in the U.S. but might not have utility 02:27:40  
 21 everywhere in the world and is useful for the  
 22 statement to have global applicability, but this is  
 23 a case in which a U.S.-centric statement is  
 24 defensible."  
 25 A. Yes. 02:27:51

1 important lawsuits happening right now in the U.S.,  
 2 one or more of which could go to the Supreme Court  
 3 on whether trans care is medically necessary versus  
 4 experimental or cosmetic"?  
 5 A. Yes. 02:30:08  
 6 Q. And then did you say, "I cannot overstate  
 7 the importance of SOC8 getting this right at this  
 8 important time"?  
 9 A. Yes.  
 10 Q. So this is an important time because there 02:30:20  
 11 are important lawsuits happening in the U.S., and  
 12 there is now a case in the U.S. Supreme Court  
 13 involving gender-affirming care; is that right?  
 14 MR. SELDIN: Object to the form.  
 15 THE WITNESS: Well, at that time there 02:30:32  
 16 wasn't a case at the -- at the Supreme Court.  
 17 But in this comment, I mean, I also do  
 18 say, you know, this was a very long plan. But then  
 19 when there was some discussion -- and I don't know  
 20 if it's included in here -- of -- again, this was 02:30:52  
 21 kind of a back-and-forth with someone from another  
 22 part of the world who was saying -- you know,  
 23 similarly when I talked about the discussions of  
 24 using gender incongruence rather than gender  
 25 dysphoria, there was a strong sentiment from people 02:31:09

1 Q. And so is this your explanation here for  
 2 why this U.S.-centric statement is defensible?  
 3 A. Yes.  
 4 Q. Let's go to page 64. It's marked at the  
 5 bottom as BOEAL\_WPATH\_126702. 02:28:05  
 6 Is -- in the middle of the page, is this  
 7 another May 2022 email that you've sent?  
 8 A. Yes.  
 9 Q. Did you note in this email that "medical  
 10 necessity is at the center of dozens of lawsuits in 02:28:30  
 11 the U.S. right now"?  
 12 A. Yes, I did say that.  
 13 Q. And you also stated that it is "as well as  
 14 being at the center of all reimbursement for trans  
 15 care in the U.S.," right? 02:28:52  
 16 A. Yes.  
 17 Q. Let's go to page 43.  
 18 A. Page 43, you say?  
 19 Q. 43. It's marked at the bottom as  
 20 BOEAL\_WPATH\_109286. 02:29:23  
 21 So is this an August 27, 2021, email that  
 22 you sent before the medical necessity statement  
 23 went through the Delphi process?  
 24 A. Yes.  
 25 Q. And did you state that "there are 02:29:45

1 outside the United States that the document have  
 2 global applicability. And indeed, there's this  
 3 global applicability chapter.  
 4 And I was trying to make the argument  
 5 that, well, the United States is part of the world. 02:31:24  
 6 And so, you know, even if certain parts of the  
 7 standards of care are more central to the United  
 8 States, they're still important.  
 9 But the -- the decision to put it in was  
 10 actually made -- and which I mentioned somewhere in 02:31:41  
 11 this string too -- by the board back -- way back in  
 12 2016. And the -- the 2016 statement was pretty  
 13 expansive too in terms of the care that's provided.  
 14 And I did want that -- just a kind of a  
 15 statement that is -- that's very clear and -- but 02:32:07  
 16 the -- there have been this very long previous  
 17 discussion about -- about its inclusion.  
 18 And so the decision for its inclusion was  
 19 not made in response to the fact that there were  
 20 lawsuits. 02:32:34  
 21 My comments of somebody asking why is this  
 22 important, you know, was -- well, just, you know,  
 23 in the United States, we are more focused on this  
 24 than we have been.  
 25 Q. BY MR. HILDABRAND: When was the first 02:32:49

1 draft of the medical necessity statement for WPATH  
 2 Standards of Care Version 8 created?  
 3 MR. SELDIN: Object to form.  
 4 THE WITNESS: So while the original draft  
 5 was in 2016, and so that was the -- you know, the 02:33:01  
 6 medical necessity statement. And so that was the  
 7 starting point for putting out a statement in -- in  
 8 Standards of Care 8.  
 9 Q. BY MR. HILDABRAND: And the 2016 statement  
 10 was the one that was published shortly after 02:33:15  
 11 with -- separately from WPATH Standards of Care  
 12 Version 7, right?  
 13 A. Yes.  
 14 Q. And when was the decision made to put the  
 15 medical necessity statement in Chapter 2 on general 02:33:26  
 16 applicability?  
 17 A. So that was an editor's decision that I  
 18 didn't have anything to do with.  
 19 There was -- you know, the decision that I  
 20 was involved in was in 2016. I was not the author 02:33:44  
 21 of -- I remember I was one of the coauthors. I was  
 22 a member of the board. But I was not the primary  
 23 author of the original medical necessity statement.  
 24 But I was on the board, and we approved that we  
 25 were the authors as the people who approved the 02:34:02

1 until they had coverage.  
 2 So when they had coverage -- some people  
 3 have waited 20 years for surgery and -- and then  
 4 had it once there was coverage.  
 5 Q. All right. Can you go to the Brandt trial 02:36:03  
 6 transcript. This was marked as Exhibit 9. Let's  
 7 go to page 190 in here.  
 8 Do you see your answer?  
 9 It says question at line 10, "In the  
 10 course of writing" this "article" -- or "In the 02:36:49  
 11 course of writing the article, you learned that  
 12 there was an increase in the number of minors being  
 13 referred for vaginoplasty, correct?"  
 14 Were you asked that question?  
 15 A. Yes. 02:37:00  
 16 Q. And was your answer that "at that time, it  
 17 was 2016. And in 2013 and 2014 is when insurance  
 18 started covering vaginoplasty more generally in the  
 19 US. And so it was a time where there was an  
 20 increase because more people could afford to get it 02:37:13  
 21 and there were new surgeons who were entering  
 22 practice at that time. And so -- so it was a time,  
 23 whether people were minors or not, where more  
 24 people were getting -- had access to vaginoplasty."  
 25 A. Yeah -- 02:37:24

1 statement.  
 2 And when we did that, we also decided that  
 3 the appropriate time to update this statement would  
 4 be on future iterations of the standards of care.  
 5 Q. Has expanding health insurance coverage 02:34:18  
 6 for gender transition surgeries --  
 7 (Reporter clarification.)  
 8 Q. BY MR. HILDABRAND: Has expanding health  
 9 insurance coverage for gender transition surgeries  
 10 made those surgeries more common? 02:34:32  
 11 MR. SELDIN: Object to form.  
 12 THE WITNESS: Has -- you mean expanding  
 13 insurance access?  
 14 Q. BY MR. HILDABRAND: Yeah. Has expanding  
 15 health insurance coverage for gender transition 02:34:47  
 16 surgeries made the surgeries more common?  
 17 A. So there are people who -- who get the  
 18 surgeries who never were able to.  
 19 For example, I know in San Francisco when  
 20 there was the expansion, there was a decision by 02:35:07  
 21 the State of California that Medi-Cal, California's  
 22 Medicaid, should include transgender surgeries, and  
 23 at the same time there was the expansion of the  
 24 Affordable Care Act, that we had quite a number of  
 25 people in San Francisco who couldn't afford surgery 02:35:27

1 Q. Is that what you testified?  
 2 A. So I made a little bit of an error there.  
 3 Because in my response I was talking about  
 4 vaginoplasty more generally, not that there was --  
 5 that had an idea of -- because insurance coverage, 02:37:41  
 6 I think, you know, may well not have been covering  
 7 those, you know, any other vaginoplasties in  
 8 minors.  
 9 So when I was talking about 2013 and 2014,  
 10 I was talking about vaginoplasty more generally in 02:38:03  
 11 the U.S. And so more -- so more -- more  
 12 vaginoplasties were -- were taking place.  
 13 The numbers over time with -- for minors I  
 14 think is -- I think it was very small then, and I  
 15 think it's less now. But in my mind, that answer 02:38:37  
 16 was about -- was that there were people who started  
 17 getting surgery they couldn't afford once they had  
 18 insurance coverage.  
 19 Q. Is it your understanding there are more  
 20 vaginoplasties being performed on adults today than 02:38:54  
 21 there were in 2013?  
 22 A. Yes.  
 23 Q. And are there more vaginoplasties being  
 24 performed on adults in today's gender-affirming  
 25 treatment than there were in 2016? 02:39:06

1 A. More today, yes.  
 2 Q. I think we mentioned this earlier, but we  
 3 talked about Admiral Levine.  
 4 Who is Admiral Levine?  
 5 A. Admiral Levine is the Deputy Surgeon 02:39:27  
 6 General of the United States.  
 7 Q. Is Admiral Levine transgender?  
 8 MR. SELDIN: Object to form.  
 9 THE WITNESS: Yes.  
 10 MR. HILDABRAND: I will introduce what I 02:39:45  
 11 want to mark as Exhibit 16.  
 12 (Reporter marked Exhibit Number 16  
 13 for identification.)  
 14 MR. SELDIN: And then before you get  
 15 started, Counsel, I just -- I'm noting that the 02:40:13  
 16 cover page of Exhibit 16 indicates that it's been  
 17 redacted. Are those the redactions as filed, or  
 18 has counsel --  
 19 MR. HILDABRAND: Exactly. These are --  
 20 these are the redactions as filed on October 9th, 02:40:24  
 21 2024.  
 22 MR. SELDIN: Thank you for that.  
 23 Q. BY MR. HILDABRAND: Does this appear to be  
 24 defendant's summary judgment Exhibit 186 in the Boe  
 25 case from Alabama? 02:40:38

1 of Health for the U.S.A., for their reviews"?  
 2 A. Yes. It sounds like whoever was authoring  
 3 this was not American, since they thought she was  
 4 the Minister of Health for the U.S.A., but yes.  
 5 Q. And so earlier on it says the whole 02:42:34  
 6 document, over 500 pages, has now been checked for  
 7 references, et cetera, and sent to the IJTH; is  
 8 that right?  
 9 A. Yes. For publication.  
 10 Q. And this email was sent on July 29th, 02:42:45  
 11 2022?  
 12 A. Yes.  
 13 Q. Are you aware that Admiral Levine asked  
 14 WPATH to remove the age limits for gender-affirming  
 15 care? 02:43:06  
 16 MR. SELDIN: Object to form. Foundation.  
 17 THE WITNESS: Only, I think, from anything  
 18 I may have read in the news or in depositions.  
 19 Q. BY MR. HILDABRAND: Do you see here in the  
 20 email where it says, "Apparently, the situation in 02:43:16  
 21 the U.S.A. is terrible, and she and the Biden  
 22 administration worried that having ages in the  
 23 document will make matters worse. She asked us to  
 24 remove them."  
 25 A. Yes, I see that. 02:43:29

1 A. Yes.  
 2 Q. Have you seen this document before?  
 3 A. I think in a prior deposition.  
 4 Q. Are you aware that WPATH sent the version  
 5 of the Standards of Care 8 that was approved by the 02:40:55  
 6 chairs to Admiral Levine in 2022?  
 7 MR. SELDIN: Object to form.  
 8 THE WITNESS: Only from people asking  
 9 about it in depositions. So I was not on -- on  
 10 this email chain or -- you know, other than voting 02:41:13  
 11 on Delphi, I was not, you know, an author of the  
 12 adolescent chapter.  
 13 So yeah, I was not involved in -- in this  
 14 email chain.  
 15 Q. BY MR. HILDABRAND: Okay. Let's go to -- 02:41:39  
 16 it's page 11 in the document collection. It's  
 17 BOEAL\_WPATH\_072114.  
 18 Have you seen this document before?  
 19 A. If I have, it was in a prior deposition.  
 20 Q. Do you see -- is this -- it appears to be 02:42:04  
 21 an email to the adolescent Standards of Care 8  
 22 group?  
 23 A. Yes.  
 24 Q. Do you see where it says -- the paragraph,  
 25 "We sent the document to Admiral Levine, Minister 02:42:14

1 Q. Have you read that paragraph before?  
 2 A. Perhaps in a deposition, but I don't  
 3 recall.  
 4 MR. HILDABRAND: And let's introduce one  
 5 more document here. This will be Exhibit 17. And 02:43:53  
 6 again, this was the version that was filed on the  
 7 docket recently. I may make additional redactions.  
 8 (Reporter marked Exhibit Number 17  
 9 for identification.)  
 10 Q. BY MR. HILDABRAND: Does this appear to be 02:44:29  
 11 defendants' summary judgment Exhibit 188 in Boe v.  
 12 Alabama -- sorry, Boe v. Marshal?  
 13 A. Yes.  
 14 Q. Have you seen this document before?  
 15 A. I would have -- I don't know. Yeah. 02:44:44  
 16 Q. Let's go just to the first page here.  
 17 A. Sure.  
 18 Q. This is a page marked BOEAL\_WPATH\_106118.  
 19 Have you seen this page before?  
 20 A. I -- only -- if I did, it was only in a 02:45:09  
 21 deposition.  
 22 Q. Not for preparing a declaration or  
 23 anything like that, right?  
 24 A. Not preparing a declaration.  
 25 Q. Is this -- 02:45:20

1 A. As far as I can recall, although I did  
 2 in -- have a rebuttal declaration where I read a  
 3 whole bunch of emails. But I don't remember what  
 4 was in there, yeah, which ones.  
 5 Q. Does this appear to be a -- an email from 02:45:33  
 6 Jon Arcelus?  
 7 A. Yes.  
 8 Q. Who is that?  
 9 A. Jon Arcelus was a -- one of the cochairs  
 10 of Standards of Care 8. 02:45:45  
 11 Q. And it was to Walter Bouman; is that  
 12 right?  
 13 A. Yes.  
 14 Q. Who's -- who's that?  
 15 A. Walter Bouman at the time, I believe, was 02:45:54  
 16 chair of -- or board president of WPATH.  
 17 Q. And looks like Eli Coleman was cc'd.  
 18 Was Eli Coleman the overall chair of the  
 19 WPATH Standards of Care Version 8?  
 20 A. Yes. 02:46:18  
 21 Q. Are you aware that WPATH agreed to remove  
 22 the minimal ages in September 2022 to convince the  
 23 AAP not to oppose the WPATH Standards of Care  
 24 Version 8?  
 25 MR. SELDIN: Object to form. 02:46:34

1 agreed to remove the minimal ages from the  
 2 document. We have add a short sentence as agreed  
 3 with AAP. We are hoping that by doing this, the  
 4 AAP will be more satisfied, and they will not  
 5 oppose the SOC8. We are waiting for their answer." 02:48:05  
 6 A. Yes.  
 7 Q. Were you aware -- have you ever seen this  
 8 statement at the time that you prepared your  
 9 declaration in this case?  
 10 MR. SELDIN: Object to form. 02:48:19  
 11 THE WITNESS: No. Unless, you know,  
 12 the -- as I said, unless in the emails that I was  
 13 supposed to review as an expert in one of the  
 14 cases, unless this was one of those emails, but I  
 15 don't recall reading this email before. 02:48:36  
 16 Q. BY MR. HILDABRAND: Are you aware that the  
 17 Standards of Care Version 8 was not released on  
 18 September 6, 2022, as agreed with its publisher  
 19 because the American Academy of Pediatrics said  
 20 they'd actively oppose SOC8 if the age limit stayed 02:48:57  
 21 in SOC8?  
 22 MR. SELDIN: Objection to form.  
 23 Foundation.  
 24 THE WITNESS: No.  
 25 Q. BY MR. HILDABRAND: Let's turn to -- I 02:49:07

1 THE WITNESS: So I'm -- I don't want to  
 2 come to conclusions about full motivation. But  
 3 I -- I do see that -- you know, from this email,  
 4 that -- that they have expressed strong opposition,  
 5 and that the -- that these meetings of folks 02:47:03  
 6 involved in Standards of Care 8, that they agreed  
 7 to remove the minimal ages.  
 8 Q. BY MR. HILDABRAND: Do you see where it  
 9 says, "In the last few days and as an emergency, we  
 10 have had several meetings among the SOC8 chairs and 02:47:19  
 11 the adolescent chapter members"?  
 12 A. Yes.  
 13 Q. Were you involved in any of those  
 14 meetings?  
 15 A. No. That -- I think those -- when they 02:47:27  
 16 say "SOC8 chairs," they meant the -- Eli Coleman  
 17 and the two cochairs and then the adolescent  
 18 chapter members.  
 19 Q. So you think they mean Eli Coleman, Asa  
 20 Radix, Jon Arcelus? 02:47:45  
 21 A. Yes.  
 22 Q. And those are the three individuals who  
 23 cosigned this email here?  
 24 A. Yes.  
 25 Q. And the email goes on to say that "We have 02:47:50

1 think it's page 38 in this collection. At the  
 2 bottom it says BOEAL\_WPATH\_106656.  
 3 Have you ever seen this email chain  
 4 before?  
 5 A. No, not as far as I can recall. 02:49:38  
 6 Q. Do you see the "To" line says, "WPATH  
 7 BOD"? Is that the WPATH board of directors?  
 8 A. Yes.  
 9 Q. Were you on the WPATH board of directors  
 10 at the time, or did you join later? 02:49:50  
 11 A. No. I was on the WPATH board of directors  
 12 from 2014 to 2018.  
 13 Q. Great. Thank you.  
 14 In the grade methodology, if I said that  
 15 there were five paradigmatic contexts where a 02:50:13  
 16 strong --  
 17 (Clarification by the reporter.)  
 18 Q. BY MR. HILDABRAND: Paradigmatic contexts,  
 19 where a strong recommendation can be made based on  
 20 low-quality evidence, would you be familiar with 02:50:23  
 21 what I'm referring to?  
 22 MR. SELDIN: Object to form.  
 23 THE WITNESS: I would have to look at  
 24 the -- at the document.  
 25 Q. BY MR. HILDABRAND: Okay. So you couldn't 02:50:32

1 right now name for me any of those five  
 2 paradigmatic contexts where a strong recommendation  
 3 could be made based on low-quality evidence?

4 MR. SELDIN: Object to form.

5 THE WITNESS: No. I mean, strong 02:50:47  
 6 recommendations are made, and certainly national --  
 7 you know, most national practice recommendations  
 8 are made on low or very low-quality grade or no  
 9 grade evidence. But I don't know the quote that  
 10 you're seeking. 02:51:09

11 Q. BY MR. HILDABRAND: Does the grade system  
 12 provide recommendations for care?

13 MR. SELDIN: Object to form.

14 THE WITNESS: So the -- the grade system  
 15 provides a level of certainty of using a particular 02:51:25  
 16 set of data in order to believe that something is  
 17 true.

18 Q. BY MR. HILDABRAND: All right. So does it  
 19 provide recommendations for care, or is that  
 20 distinct from what the grade system does? 02:51:47

21 MR. SELDIN: Object to form.

22 THE WITNESS: So that's distinct from the  
 23 grade recommendations, because people -- because  
 24 you can have a low grade. The grade could be of  
 25 low certainty. And yet the -- you know, 02:52:06

1 recommendations are made for -- for care. And  
 2 indeed most recommendations for care are made with  
 3 low certainty or a very low certainty or no grade  
 4 at all.

5 Q. BY MR. HILDABRAND: I know today we 02:52:24  
 6 focused on the WPATH standards of care quite a bit.

7 But did the 2017 Endocrine Society  
 8 guidelines for -- the individuals who drafted the  
 9 2017 Endocrine Society guidelines, were those  
 10 individuals all endocrinologists? 02:52:43

11 MR. SELDIN: Object to form.

12 THE WITNESS: I would have to look at  
 13 the -- at the list of members.

14 Q. BY MR. HILDABRAND: Yeah. I think we had  
 15 that as Exhibit 4, to go back quite a ways here, 02:52:56  
 16 but Exhibit 4.

17 MR. SELDIN: Are you talking about the  
 18 Endocrine Society guideline?

19 MR. HILDABRAND: Yes. The 2017.

20 Q. Can you identify any of the authors who is 02:53:05  
 21 a surgeon?

22 A. Yeah. So -- I would say not all are  
 23 endocrinologists, because Peggy Cohen-Kettenis is  
 24 not an endocrinologist.

25 Q. What is Peggy Cohen-Kettenis? 02:53:18

1 A. She is a psychologist. She was at the  
 2 time the head of the Dutch research team.

3 Q. Are any of the individuals who authored or  
 4 coauthored the 2017 Endocrine Society guidelines  
 5 surgeons? 02:53:33

6 MR. SELDIN: Object to form.

7 THE WITNESS: Not as far as I know. I --  
 8 I know the disciplines of most of these people, but  
 9 I believe that are others are -- involved are  
 10 endocrinologists. 02:53:57

11 Q. BY MR. HILDABRAND: Were several of the  
 12 individuals who are authors, they are also  
 13 coauthors of the WPATH Standards of Care Version 8?

14 MR. SELDIN: Object to the form.

15 THE WITNESS: Yes. I assume that Stephen 02:54:08  
 16 Rosenthal, Joshua Safer, Vin Tangpricha, maybe --  
 17 maybe Gaya, that some of those people were also on  
 18 Standards of Care 8.

19 Some of them were -- were probably retired  
 20 or too old to be on Standards of Care 8. 02:54:28

21 Q. BY MR. HILDABRAND: And do the 2017  
 22 Endocrine Society guidelines also include  
 23 recommendations about gender-affirming surgeries?

24 MR. SELDIN: Object to form.

25 THE WITNESS: They -- they do make some 02:54:40

1 reference, from my recollection.

2 Q. BY MR. HILDABRAND: Do the 2017 Endocrine  
 3 Society guidelines provide any recommended minimal  
 4 ages for gender-affirming surgeries?

5 MR. SELDIN: Object to form. 02:54:56

6 THE WITNESS: I would have to look again.  
 7 But I think they do somewhere here make some  
 8 recommendations, but I would have to look  
 9 specifically for where they -- where they say that.

10 Q. BY MR. HILDABRAND: So off the top of your 02:55:16  
 11 head, you don't know if the 2017 Endocrine Society  
 12 guidelines make recommendations about  
 13 gender-affirming surgeries?

14 A. I think that they -- my recollection is  
 15 that they may have in terms of chest surgery and, 02:55:33  
 16 you know, that the people are adults and getting  
 17 general surgery. But I don't -- I don't recall.  
 18 Certainly the focus of the guidelines were  
 19 endocrine treatments, not surgical treatments.

20 Q. Do you want to -- if you would move to 02:56:18  
 21 page 3893 in this document.

22 A. Yeah.

23 Q. Do you see where the 2017 Endocrine  
 24 Society guidelines provide criteria for  
 25 gender-affirming surgery which affects fertility? 02:56:30

1 A. Yes.  
 2 Q. So the 2017 Endocrine Society Guidelines  
 3 provided criteria for gender-affirming surgery?  
 4 A. Yes. And in particular here, yes,  
 5 effects -- yes. 02:56:48  
 6 MR. HILDABRAND: If we want to take --  
 7 let's go off the record now, if that's all right.  
 8 THE VIDEOGRAPHER: We're off the record.  
 9 The time is 2:56 p.m.  
 10 (A recess was taken.) 03:06:25  
 11 THE VIDEOGRAPHER: Okay. We're back on  
 12 the record. The time is 3:05 p.m.  
 13 Q. BY MR. HILDABRAND: Dr. Karasic, let's go  
 14 back to what was marked as Exhibit 15.  
 15 A. Which one? Okay. 03:06:37  
 16 Q. We're going to go to page 42. Also marked  
 17 at the bottom is BOEAL\_WPATH\_109285.  
 18 A. Page 42?  
 19 Q. Yes. Have you seen this email at the top  
 20 before? 03:07:06  
 21 A. Yes.  
 22 Q. And this is an email you sent to Eli  
 23 Coleman on August 28, 2021; is that correct?  
 24 A. Yes.  
 25 Q. And did you tell Eli Coleman, "I will come 03:07:22

1 MR. HILDABRAND: I will turn it over to  
 2 plaintiffs, reserve, of course, any redirect.  
 3 MR. SELLDIN: Thank you. We don't have any  
 4 questions for the witness. We will, however, read  
 5 and sign. Thank you. 03:09:08  
 6 Also, I have noted that within this  
 7 deposition, there was certain discussions of a  
 8 specific patient of Dr. Karasic's. We've marked  
 9 that confidential.  
 10 I know there's a pending email about how 03:09:21  
 11 we're dealing with confidential information in  
 12 other contexts. You and I will sort that out. But  
 13 I just want to note, again, that we do have a  
 14 confidential portion of this deposition transcript  
 15 as it stands. 03:09:28  
 16 MR. HILDABRAND: Thank you.  
 17 We reserve, of course, our rights on it  
 18 being designated or not, but we'll sort that out  
 19 later.  
 20 And we, of course, would like to have the 03:09:34  
 21 transcript ordered, I think expedited.  
 22 MR. SELLDIN: And plaintiffs will have what  
 23 defendants are having in terms of time. So thank  
 24 you.  
 25 MR. HILDABRAND: All right. 03:09:43

1 up with an edited updated draft of the medical  
 2 necessity statement for the introduction"?  
 3 A. Yes.  
 4 Q. And let's go to page 64. That's also  
 5 marked at the bottom as BOEAL\_WPATH\_126702. 03:07:48  
 6 A. Yes.  
 7 Q. All right. And this -- is this an email  
 8 you sent in May 2022?  
 9 A. Yes.  
 10 Q. And did you suggest, "Is the Delphi 03:08:04  
 11 statement on medical necessity in the medical  
 12 necessity statement we have been circulating still  
 13 going in the introduction of SOC8? If so, then a  
 14 different refocused statement could go in a global  
 15 chapter"? 03:08:22  
 16 A. Yes. This was in response to an email  
 17 chain, again, where probably the same person was  
 18 objecting to having this U.S.-centric statement, I  
 19 assume. And so there was a discussion of different  
 20 possibilities of -- and -- and I think that's what 03:08:43  
 21 I meant.  
 22 Q. Okay. Have you answered all the questions  
 23 today fully and truthfully to the best of your  
 24 ability?  
 25 A. Yes. 03:08:57

1 THE VIDEOGRAPHER: This concludes today's  
 2 deposition of Dr. Dan Karasic. The master media of  
 3 today's deposition will remain in the custody of  
 4 Magna Legal Services. The time is 3:09 p.m.  
 5 (Whereupon the proceedings were  
 6 concluded at 3:09 p.m.)

7 ---oo---

1 I have read the foregoing deposition transcript and  
 2 by signing hereafter, approve same.  
 3 Dated \_\_\_\_\_.

4  
 5 (Signature of Deponent)  
 6  
 7

1 DEPOSITION OFFICER'S CERTIFICATE  
 2 (Civ. Proc. § 2025.520(e))  
 3 STATE OF CALIFORNIA )  
 4 ) Ss  
 5 COUNTY OF SAN FRANCISCO )  
 6 I, BALINDA DUNLAP, CSR #10710, hereby  
 7 certify:  
 8 I am a duly qualified Certified Shorthand  
 9 Reporter, in the State of California, holder of  
 10 Certificate Number CSR 10710 issued by the Court  
 11 Reporters Board of California and which is in full  
 12 force and effect. (Bus. & Prof. § 8016)  
 13 I am not financially interested in this  
 14 action and am not a relative or employee of any  
 15 attorney of the parties, or of any of the parties.  
 16 (Civ. Proc. § 2025.320(a))  
 17 I am authorized to administer oaths or  
 18 affirmations pursuant to California Code of Civil  
 19 Procedure, Section 2093(b) and prior to being  
 20 examined, the deponent was first placed under oath  
 21 or affirmation by me. (Civ. Proc. §§ 2025.320,  
 22 2025.540(a))  
 23 I am the deposition officer that  
 24 stenographically recorded the testimony in the  
 25 foregoing deposition and the foregoing transcript

1 is a true record of the testimony given. (Civ.  
 2 Proc. § 2025.540(a))  
 3 I have not, and shall not, offer or  
 4 provide any services or products to any party's  
 5 attorney or third party who is financing all or  
 6 part of the action without first offering same to  
 7 all parties or their attorneys attending the  
 8 deposition and making same available at the same  
 9 time to all parties or their attorneys. (Civ.  
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11 I shall not provide any service or product  
 12 consisting of the deposition officer's notations or  
 13 comments regarding the demeanor of any witness,  
 14 attorney, or party present at the deposition to any  
 15 party or any party's attorney or third party who is  
 16 financing all or part of the action, nor shall I  
 17 collect any personal identifying information about  
 18 the witness as a service or product to be provided  
 19 to any party or third party who is financing all or  
 20 part of the action. (Civ. Proc. § 2025.320(c))

21 Dated: \_\_\_\_\_  
 22 \_\_\_\_\_  
 23

1 DEPOSITION OFFICER'S CERTIFICATE  
 2 (Civ. Proc. § 2025.520(e))  
 3 STATE OF CALIFORNIA )  
 4 ) Ss.  
 5 COUNTY OF SAN FRANCISCO )  
 6 I, Balinda Dunlap, hereby  
 7 certify:  
 8 I am the deposition officer that  
 9 stenographically recorded the testimony in the  
 10 foregoing deposition.  
 11 Written notice pursuant to Code of Civil  
 12 Procedure, Section 2025.520(a), having been sent,  
 13 the deponent took the following action within the  
 14 allotted period with respect to the transcript of  
 15 the deposition:  
 16 ( ) In person, at the office of the  
 17 deposition officer, made the changes set forth on  
 18 the original of the transcript. (The parties  
 19 attending the deposition have been notified of said  
 20 changes.)  
 21 ( ) Approved the transcript by signing  
 22 it.  
 23 ( ) Refused to approve the transcript by  
 24 not signing it.  
 25 ( ) By means of a signed letter, made the  
 changes and approved or refused to approve the

1 transcript as set forth therein. (Said letter has  
2 been attached to the original transcript and copies  
3 thereof mailed to all parties attending the  
4 deposition.)

5 ( ) Failed to approve the transcript  
6 within the allotted time period.

7 Dated \_\_\_\_\_.

8

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<b>A</b>	<b>accurate</b> 26:25 34:1 157:4 163:11	<b>211:17</b> <b>administration</b> 196:22	<b>71:5 87:9 107:20</b> 110:23 113:2,3 116:8 124:17
<b>AAP</b> 198:23 200:3,4	<b>accurately</b> 56:19 171:23	<b>Admiral</b> 194:3,4,5,7 195:6,25 196:13	127:16,17,17,18 128:15 135:22 136:6 140:6,8,21
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<b>able</b> 87:23 88:4 104:22 105:1 112:4 115:17 116:2 117:1 123:5 140:14 191:18	<b>act</b> 31:13 40:22 191:24	<b>adolescents</b> 4:4,13 18:15,17,21 19:6,10 20:8 21:8 21:13 49:5,22 50:1 50:9,13 58:2,4,18 63:17,22 64:9,11 71:24 73:1,4,14,17 84:23 85:15,21 86:2	<b>advisable</b> 181:5
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